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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Filing at a Glance

Company:	Equitable Life & Casualty Insurance Company
Product Name:	Short Term Care
State:	Arkansas
TOI:	H13I Individual Health - Short Term Care
Sub-TOI:	H13I.002 Nursing Home
Filing Type:	Form/Rate
Date Submitted:	06/08/2012
SERFF Tr Num:	ELCC-128190880
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	792
Implementation	On Approval
Date Requested:	
Author(s):	Mark Banks, Kathy Foster, John Neville
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	07/27/2012
Disposition Status:	Approved
Implementation Date:	

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** H13I Individual Health - Short Term Care/H13I.002 Nursing Home  
**Product Name:** Short Term Care  
**Project Name/Number:** Short Term Care/792  
**Filing Company:** Equitable Life & Casualty Insurance Company

## General Information

Project Name: Short Term Care  
Project Number: 792  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 07/27/2012  
State Status Changed: 07/27/2012  
Created By: Kathy Foster  
Submitted By: Kathy Foster  
Corresponding Filing Tracking Number:

### Filing Description:

RE:  
Limited Health Benefit Policy – 792  
Limited Health Benefit Policy – 792 FC  
Inflation Benefit Endorsement – E-792-INF  
Application – A-792 AR  
Medical Questionnaire – 792 MQ  
Outline of Coverage – OLC 792  
Replacement Notice – RN 30D  
Actuarial Memorandum and Rates  
Statement of Variability

Submitted for your review are Equitable Life & Casualty Insurance Company's ("Equitable") new Limited Benefit Health Policy Forms 792 and 792 FC. These policies are new forms that not replace any form previously filed with the Arkansas Insurance Department ("Department").

These policies are individual short-term recovery policies that provide benefits for nursing home and assisted living facility stays for a period of less than 12 months. Policy form 792 also provides benefits for home care services, again for a period of less than 12 months. These policies are available to individuals ages 50-84 and will be marketed directly and through licensed and appointed independent agents.

Each form in this filing is briefly described as follows:

**Policy Forms:** The policy forms are the contracts of insurance. The policies are reimbursement policies, which, subject to a waiting period, if any, pay insureds the eligible charges they incur up to a daily amount for each day of a stay in a nursing home, assisted living facility or hospice facility, up to a maximum benefit period of no more than 350 days. Policy form 792 also will pay insureds the eligible charges they incur for home care services, up to the same maximum benefit period of no more than 350 days. All benefits paid under policy form 792, whether facility care or home care, accumulate to a single maximum benefit.

Policy benefits are triggered when an insured shows, on assessment, to be deficient in two or more ADLs, or cognitively impaired.

Insureds may choose at the time of application, a daily amount, maximum benefit period and the waiting period as follows:

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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
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- Daily amount from \$50 to \$500 in \$10 increments
- Maximum benefit period of 100, 150, 200, 250, 300 or 350 days
- Waiting period of 0, 15, 30 or 100 days

The policy maximum benefit period may be restored up to twice the maximum benefit period when an insured is no longer eligible for benefits; 180 days has passed from the date the individual is determined to no longer be eligible for benefits; and during that 180 day period, the individual can perform 5 or more activities of daily living or does not require the continual assistance or supervision of another person due to the insureds cognitive impairment.

The policy is guaranteed renewable and contains a six month pre-existing condition waiting period.

A 10% premium discount is available when two policies are issued to members of the same household. Additionally, a premium discount of up to 5% is available when the policy is purchased by a member of an association. To be clear, this product is not a group product and will not be sold to association. The policy may be sold to individuals who happen to be members of legitimate associations. Such associations must have a constitution and bylaws, and must not be formed for the purpose of obtaining insurance. Agents who wish to market this product must obtain approval from Equitable prior to doing so. The premium discount provided to such individuals will be offset by a reduction in the agent commission.

**Inflation Benefit Endorsement:** The simple inflation protection endorsement is available for an additional premium. The endorsement increases the insured's daily amount by either 3% or 5%, as selected by the insured, each year on the insured's policy anniversary.

**Application Form and Medical Questionnaire:** The application and medical questionnaire forms are used to gather an applicant's personal information, including, but not limited to, the applicant's name and address, benefit selection, and medical history. The paper application may be submitted to us or the application may be taken by electronic or telephonic means. The medical questionnaire will be taken by electronic or telephonic means.

**Outline of Coverage:** The outline of coverage provides a brief description of the benefits provided under the policy. The outline of coverage will be provided to all prospective insureds at the time of application.

**Replacement Notice:** The replacement notice will be used when an insured intends to replace an existing accident and health insurance policy with this policy. Form RN-30D will be used with direct sales for all of Equitable's ancillary health insurance policies, and will be provided with the policy at the time of issue. For agent solicited sales, form #RN 30 will be provided to and completed by the prospective insured and his or her agent at the time of application. Form #RN 30 was filed and approved by the Department with our Policy Form 571 on April 9, 2009 (SERFF Tracking # ELCC-125439308).

In addition to the forms listed above, the Medicare Duplication Notice #MDN 790 will be provided to all insureds that are eligible for Medicare at the time of application. Form #MDN 790 was filed and approved by the Department with our policy form #790 on January 11, 2010 (SERFF Tracking #ELCC-126393227).

## Company and Contact

### Filing Contact Information

Kathy Foster, Regulatory Compliance Analyst      Kathy.Foster@Equilife.com

**State:** Arkansas  
**TOI/Sub-TOI:** H13I Individual Health - Short Term Care/H13I.002 Nursing Home  
**Product Name:** Short Term Care  
**Project Name/Number:** Short Term Care/792

Equitable Life & Casualty  
Insurance Company  
3 Triad Center  
Suite 200  
Salt Lake City, UT 84180

801-579-3468 [Phone]  
801-579-3471 [FAX]

### Filing Company Information

Equitable Life & Casualty  
Insurance Company  
3 Triad Center  
Suite 200  
Salt Lake City, UT 84180  
(801) 579-3400 ext. [Phone]

CoCode: 62952  
Group Code:  
Group Name:  
FEIN Number: 87-0129771

State of Domicile: Utah  
Company Type: Life and  
Health  
State ID Number:

### Filing Fees

Fee Required? Yes  
Fee Amount: \$450.00  
Retaliatory? Yes  
Fee Explanation: 7 forms @ \$50 = \$350  
2 rates @ \$50 = \$100  
Total = \$450  
Per Company: No

Company	Amount	Date Processed	Transaction #
Equitable Life & Casualty Insurance Company	\$450.00	06/08/2012	60012156

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	07/27/2012	07/27/2012
Approved	Donna Lambert	07/27/2012	07/27/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	07/17/2012	07/19/2012
Pending Industry Response	Donna Lambert	06/12/2012	06/12/2012

#### Response Letters

Responded By	Created On	Date Submitted
Kathy Foster	07/26/2012	07/26/2012
Kathy Foster	07/12/2012	07/16/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application	Kathy Foster	07/27/2012	07/27/2012
Form	Outline of Coverage	Kathy Foster	07/27/2012	07/27/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
07/17/2012 Objection - Please disregard	Note To Filer	Donna Lambert	07/26/2012	07/26/2012
7/17/2012 Objection	Note To Filer	Donna Lambert	07/24/2012	07/24/2012
Extension Request	Note To Reviewer	Kathy Foster	07/12/2012	07/12/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Disposition

Disposition Date: 07/27/2012

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Equitable Life & Casualty Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Supporting Document	Redlined Forms	Approved	Yes
Form (revised)	Limited Benefit Health Policy - Short Term Care	Approved	Yes
Form	Limited Benefit Health Policy - Short Term Care	Replaced	Yes
Form (revised)	Limited Benefit Health Policy - Short Term Care - Facility Care Only	Approved	Yes
Form	Limited Benefit Health Policy - Short Term Care - Facility Care Only	Replaced	Yes
Form	Inflation Endorsement	Approved	Yes
Form (revised)	Application	Approved	Yes
Form	Application	Replaced	Yes
Form	Application	Replaced	Yes
Form	Medical Questionnaire	Approved	Yes
Form (revised)	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Replacement Notice	Approved	Yes
Rate	Premium Rates	Approved	Yes
Rate	Premium Rates	Approved	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Disposition

Disposition Date: 07/27/2012

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Equitable Life & Casualty Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%



<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Supporting Document	Redlined Forms	Approved	Yes
Form (revised)	Limited Benefit Health Policy - Short Term Care	Approved	Yes
Form	Limited Benefit Health Policy - Short Term Care	Replaced	Yes
Form (revised)	Limited Benefit Health Policy - Short Term Care - Facility Care Only	Approved	Yes
Form	Limited Benefit Health Policy - Short Term Care - Facility Care Only	Replaced	Yes
Form	Inflation Endorsement	Approved	Yes
Form (revised)	Application	Approved	Yes
Form	Application	Replaced	Yes
Form	Application	Replaced	Yes
Form	Medical Questionnaire	Approved	Yes
Form (revised)	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Replacement Notice	Approved	Yes
Rate	Premium Rates	Approved	Yes
Rate	Premium Rates	Approved	Yes

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**State:** Arkansas **Filing Company:** Equitable Life & Casualty Insurance Company  
**TOI/Sub-TOI:** H13I Individual Health - Short Term Care/H13I.002 Nursing Home  
**Product Name:** Short Term Care  
**Project Name/Number:** Short Term Care/792

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/19/2012
Submitted Date	07/19/2012
Respond By Date	08/20/2012

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Dear Kathy Foster,

### **Introduction:**

#### **Objection 1**

- Limited Benefit Health Policy - Short Term Care, 792 AR (Form)
- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC AR (Form)

Comments: Thank you for your revisions and responses to the previous objections. We agree to reconsider objections 3, 5, and 8.

However, we do not agree with your explanation that a waiting period and an elimination period are different. The benefits for Facility Care, Room Reservation, Alternate Care, (and Home Care in form 792), do not begin until after the waiting period, which cannot be greater than 30 days for sickness as stated in RR 18 Section 5E. The variability in the waiting period shown in the Policy Schedule is allowed for conditions other than sickness.

After speaking with my Director, he pointed out that no sickness should have a waiting period greater than 30 days, not just the two previously mentioned. Kindly revise the contract to make it clear to our consumers that benefits for sickness will be paid after a 30-day waiting/elimination period.

Thank you.

### **Conclusion:**

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/26/2012
Submitted Date	07/26/2012

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Dear Donna Lambert,

### **Introduction:**

Thank you for your review of this filing. We have received your objection letter dated July 17, 2012 and will respond to your concerns below.

### **Response 1**

#### **Comments:**

We have received a Note to Filer from the reviewer stating that this objection does not apply to our product, therefore we have made no changes to the filing.

### **Related Objection 1**

Applies To:

- Limited Benefit Health Policy - Short Term Care, 792 AR (Form)
- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC AR (Form)

Comments: Thank you for your revisions and responses to the previous objections. We agree to reconsider objections 3, 5, and 8.

However, we do not agree with your explanation that a waiting period and an elimination period are different. The benefits for Facility Care, Room Reservation, Alternate Care, (and Home Care in form 792), do not begin until after the waiting period, which cannot be greater than 30 days for sickness as stated in RR 18 Section 5E. The variability in the waiting period shown in the Policy Schedule is allowed for conditions other than sickness.

After speaking with my Director, he pointed out that no sickness should have a waiting period greater than 30 days, not just the two previously mentioned. Kindly revise the contract to make it clear to our consumers that benefits for sickness will be paid after a 30-day waiting/elimination period.

Thank you.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

With this information, we hope that this filing now meets with your approval.

Sincerely,

Kathy Foster

**State:** Arkansas  
**TOI/Sub-TOI:** H13I Individual Health - Short Term Care/H13I.002 Nursing Home  
**Product Name:** Short Term Care  
**Project Name/Number:** Short Term Care/792

**Filing Company:** Equitable Life & Casualty Insurance Company

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/12/2012
Submitted Date	06/12/2012
Respond By Date	07/20/2012

Dear Kathy Foster,

### Introduction:

*This will acknowledge receipt of the captioned filing.*

*Certain information is required to be delivered with the policy. Please confirm that it will be provided. Bulletin 15-2009*

### Objection 1

*- Limited Benefit Health Policy - Short Term Care, 792 (Form)*

*Comments: Please see RR 18 Sec. 5C. A rehabilitation facility must be included in the definitions of a Nursing Home and an Assisted Living Facility. Please add this to those two definitions on page 8.*

### Objection 2

*- Limited Benefit Health Policy - Short Term Care, 792 (Form)*

*Comments: Alzheimer's disease or similar forms of irreversible dementia are sicknesses. A sickness cannot have a waiting period greater than 30 days according to RR 18 Sec. 5E. Please clarify in the contract that Alzheimer's disease or similar forms of irreversible dementia have a waiting period of 30 days.*

### Objection 3

*- Limited Benefit Health Policy - Short Term Care, 792 (Form)*

*Comments: Please add a Clean Claim provision. See RR 43 Sec. 12(a).*

### Objection 4

*- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC (Form)*

*Comments: Please include a rehabilitation facility in the definitions of Nursing Home and Assisted Living Facility.*

### Objection 5

*- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC (Form)*

*Comments: Please add a clean claim provision.*

### Objection 6

*- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC (Form)*

*Comments: Please add a provision or statement that Alzheimer's disease or similar forms of irreversible dementia have a 30-day waiting period.*

### Objection 7

*- Application, A-792 AR (Form)*

*Comments: Please expand the "Caution" statement on page 2 to include the information in ACA 23-79-107.*

### Objection 8

*- Replacement Notice, RN 30D (Form)*

*Comments: This notice should have a place for the applicant's signature and date. Please see the example in RR 18 Sec. 9C*

### Conclusion:

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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Donna Lambert*

State:	Arkansas	Filing Company:	Equitable Life & Casualty Insurance Company
TOI/Sub-TOI:	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
Product Name:	Short Term Care		
Project Name/Number:	Short Term Care/792		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/12/2012
Submitted Date	07/16/2012

Dear Donna Lambert,

### Introduction:

Thank you for your review of this filing. We appreciate your timely response. We have received your objection letter and will respond to your concerns below.

### Response 1

#### Comments:

Both policies and the OLC have been revised to include a rehabilitation facility in the definitions of both Nursing Home and Assisted Living Facility. Red-lined copies of all forms have been submitted under the Supporting Documentation tab for your convenience.

Please note that these revisions make the forms state-specific. The revised form numbers are 792 AR, 792 FC AR and OLC 792 AR.

### Related Objection 1

Applies To:

- Limited Benefit Health Policy - Short Term Care, 792 (Form)

Comments: Please see RR 18 Sec. 5C. A rehabilitation facility must be included in the definitions of a Nursing Home and an Assisted Living Facility. Please add this to those two definitions on page 8.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

#### Comments:

The waiting period in this policy is not a true probationary period; it operates more like an elimination period for the nursing home and home care benefits. In this policy, there are benefits provided from day one for example, there is no waiting period for Hospice Benefits. Therefore, since some benefit is provided without a waiting period, we feel that this policy meets the requirements for RR 18 Section 5E.

Therefore, we respectfully ask that this objection be withdrawn.

### Related Objection 2

State:	Arkansas	Filing Company:	Equitable Life & Casualty Insurance Company
TOI/Sub-TOI:	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
Product Name:	Short Term Care		
Project Name/Number:	Short Term Care/792		

Applies To:

- Limited Benefit Health Policy - Short Term Care, 792 (Form)

Comments: Alzheimer's disease or similar forms of irreversible dementia are sicknesses. A sickness cannot have a waiting period greater than 30 days according to RR 18 Sec. 5E. Please clarify in the contract that Alzheimer's disease or similar forms of irreversible dementia have a waiting period of 30 days.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 3**

**Comments:**

Section 12(a) requires that a Health Carrier shall pay or deny a clean claim within certain time frames. A Health Carrier as defined in Section 5(m) is a health maintenance organization, hospital medical service corporation or a disability insurance company that issues Health Insurance Contracts as defined in Subsection 5(s) of this rule. SubSection 5(s) states that a Health Insurance Contract shall not include a disability income insurance policy, a long-term care contract, a hospital indemnity contract, an accident only contract, or any other form of disability insurance policy that provides a benefit as a result of a sickness or accident that does not directly cover expenses related to health care treatment the insured receives.

This policy is an indemnity policy which allows the Insured to use the benefit payment in any manner they choose. The benefits are not assignable to a provider. Therefore the policy does not directly cover expenses related to health care treatment that the Insured receives.

Therefore, we respectfully ask that this objection be withdrawn.

**Related Objection 3**

Applies To:

- Limited Benefit Health Policy - Short Term Care, 792 (Form)

Comments: Please add a Clean Claim provision. See RR 43 Sec. 12(a).

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 4**

**Comments:**

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

Both policies and the OLC have been revised to include a rehabilitation facility in the definitions of both Nursing Home and Assisted Living Facility. Red-lined copies of all forms have been submitted under the Supporting Documentation tab for your convenience.

#### **Related Objection 4**

*Applies To:*

- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC (Form)

*Comments:* Please include a rehabilitation facility in the definitions of Nursing Home and Assisted Living Facility.

#### **Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 5**

##### **Comments:**

Section 12(a) requires that a Health Carrier shall pay or deny a clean claim within certain time frames. A Health Carrier as defined in Section 5(m) is a health maintenance organization, hospital medical service corporation or a disability insurance company that issues Health Insurance Contracts as defined in Subsection 5(s) of this rule. SubSection 5(s) states that a Health Insurance Contract shall not include a disability income insurance policy, a long-term care contract, a hospital indemnity contract, an accident only contract, or any other form of disability insurance policy that provides a benefit as a result of a sickness or accident that does not directly cover expenses related to health care treatment the insured receives.

This policy is an indemnity policy which allows the Insured to use the benefit payment in any manner they choose. Therefore the policy does not directly cover expenses related to health care treatment that the Insured receives.

Therefore, we respectfully ask that this objection be withdrawn.

#### **Related Objection 5**

*Applies To:*

- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC (Form)

*Comments:* Please add a clean claim provision.

#### **Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 6**



State:	Arkansas	Filing Company:	Equitable Life & Casualty Insurance Company
TOI/Sub-TOI:	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
Product Name:	Short Term Care		
Project Name/Number:	Short Term Care/792		

**Comments:**

The waiting period in this policy is not a true probationary period; it operates more like an elimination period for the nursing home and home care benefits. In this policy, there are benefits provided from day one for example, there is no waiting period for Hospice Benefits. Therefore, since some benefit is provided without a waiting period, we feel that this policy meets the requirements for RR 18 Section 5E.

Therefore, we respectfully ask that you withdraw this objection.

**Related Objection 6**

Applies To:

- Limited Benefit Health Policy - Short Term Care - Facility Care Only, 792 FC (Form)

Comments: Please add a provision or statement that Alzheimer's disease or similar forms of irreversible dementia have a 30-day waiting period.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 7****Comments:**

The Caution statement on page 2 of the application has been expanded as requested.

**Related Objection 7**

Applies To:

- Application, A-792 AR (Form)

Comments: Please expand the "Caution" statement on page 2 to include the information in ACA 23-79-107.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 8****Comments:**

State:	Arkansas	Filing Company:	Equitable Life & Casualty Insurance Company
TOI/Sub-TOI:	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
Product Name:	Short Term Care		
Project Name/Number:	Short Term Care/792		

For agent solicited sales, replacement notice form #RN 30 will be provided to and completed by the prospective insured and his or her agent at the time of application. Form #RN 30 was filed and approved by the Department with our Policy Form 571 on April 9, 2009 (SERFF Tracking # ELCC-125439308). This form does have a place for the applicant's signature and date.

Form RN 30D is intended to be used for Direct Sales, in which no face-to-face encounter with the applicant will take place. For Direct Sales, a verbal acknowledgement will take the place of a signature.

Therefore, we respectfully ask that you withdraw this objection.

**Related Objection 8**

Applies To:

- Replacement Notice, RN 30D (Form)

Comments: This notice should have a place for the applicant's signature and date. Please see the example in RR 18 Sec. 9C

**Changed Items:**

Supporting Document Schedule Item Changes
Satisfied -Name: Redlined Forms
Comment:

SERFF Tracking #:

ELCC-128190880

State Tracking #:

Company Tracking #:

792

State: Arkansas

Filing Company:

Equitable Life &amp; Casualty Insurance Company

TOI/Sub-TOI: H13I Individual Health - Short Term Care/H13I.002 Nursing Home

Product Name: Short Term Care

Project Name/Number: Short Term Care/792

## Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	792 AR	POL	Limited Benefit Health Policy - Short Term Care	Initial	46.600	792_ar.pdf	Date Submitted: 07/16/2012 By: Kathy Foster

## Previous Version

1	792	POL	Limited Benefit Health Policy - Short Term Care	Initial	46.600	792-policy.pdf	Date Submitted: 07/16/2012 By: Kathy Foster
2	792 FC AR	POL	Limited Benefit Health Policy - Short Term Care - Facility Care Only	Initial	46.200	792-FC_ar .pdf	Date Submitted: 07/16/2012 By: Kathy Foster

## Previous Version

SERFF Tracking #:

ELCC-128190880

State Tracking #:

Company Tracking #:

792

State: Arkansas

Filing Company:

Equitable Life &amp; Casualty Insurance Company

TOI/Sub-TOI: H13I Individual Health - Short Term Care/H13I.002 Nursing Home

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1	792 AR	POL	Limited Benefit Health Policy - Short Term Care	Initial	46.600	792_ar.pdf	Date Submitted: 07/16/2012 By: Kathy Foster
2	792 FC	POL	Limited Benefit Health Policy - Short Term Care - Facility Care Only	Initial	46.200	792-FC policy.pdf	Date Submitted: 07/16/2012 By: Kathy Foster
3	A-792 AR	AEF	Applicat ion	Initial	0.000		Date Submitted: 07/16/2012 By: Kathy Foster
Previous Version							
3	A-792 AR	AEF	Applicat ion	Initial	0.000	A-792 AR .pdf	Date Submitted: 07/16/2012 By: Kathy Foster

State: Arkansas Filing Company: Equitable Life & Casualty Insurance Company  
 TOI/Sub-TOI: H13I Individual Health - Short Term Care/H13I.002 Nursing Home  
 Product Name: Short Term Care  
 Project Name/Number: Short Term Care/792

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	792 AR	POL	Limited Benefit Health Policy - Short Term Care	Initial	46.600	792_ar.pdf	Date Submitted: 07/16/2012 By: Kathy Foster
4	OLC 792	OUT	Outline of Coverage	Initial	0.000	OLC 792.pdf, OLC 792 AR.pdf	Date Submitted: 07/16/2012 By: Kathy Foster
Previous Version							
4	OLC 792	OUT	Outline of Coverage	Initial	0.000	OLC 792.pdf	Date Submitted: 07/16/2012 By: Kathy Foster

No Rate/Rule Schedule items changed.

**Conclusion:**

With these changes and additional information, we hope that this filing now meets with your approval. We look forward to hearing from you soon.

Sincerely,  
 Kathy Foster

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Amendment Letter

Submitted Date: 07/27/2012

Comments:

Thank you for re-opening this filing. We appreciate your help.

The correct application has now been attached, and the duplicate OLC has been removed.

Thanks again.

Kathy Foster  
Compliance Analyst  
Changed Items:

### Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
A-792 AR	Application/Enrollment Form	Application	Initial				0.000	a-792_ar app.pdf
OLC 792	Outline of Coverage	Outline of Coverage	Initial				0.000	OLC 792 AR.pdf

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**State:** Arkansas **Filing Company:** Equitable Life & Casualty Insurance Company  
**TOI/Sub-TOI:** H13I Individual Health - Short Term Care/H13I.002 Nursing Home  
**Product Name:** Short Term Care  
**Project Name/Number:** Short Term Care/792

## Note To Filer

**Created By:**

Donna Lambert on 07/26/2012 08:20 AM

**Last Edited By:**

Donna Lambert

**Submitted On:**

07/27/2012 08:13 AM

**Subject:**

07/17/2012 Objection - Please disregard

**Comments:**

Kathy, the objection I sent on July 17 does not apply to this product. Please reference this note in a Response to the July 17 objection, and I can then approve this filing. Thank you for your patience.

**State:** Arkansas**Filing Company:** Equitable Life & Casualty Insurance Company**TOI/Sub-TOI:** H13I Individual Health - Short Term Care/H13I.002 Nursing Home**Product Name:** Short Term Care**Project Name/Number:** Short Term Care/792

## Note To Filer

**Created By:**

Donna Lambert on 07/24/2012 02:51 PM

**Last Edited By:**

Donna Lambert

**Submitted On:**

07/27/2012 08:13 AM

**Subject:**

7/17/2012 Objection

**Comments:**

Please delay your response to the objection sent on July 17. I am discussing the applicability of the objection to LTC products with one of our attorneys. Thank you for your consideration.



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**State:** Arkansas **Filing Company:** Equitable Life & Casualty Insurance Company  
**TOI/Sub-TOI:** H13I Individual Health - Short Term Care/H13I.002 Nursing Home  
**Product Name:** Short Term Care  
**Project Name/Number:** Short Term Care/792

## Note To Reviewer

**Created By:**

Kathy Foster on 07/12/2012 12:24 PM

**Last Edited By:**

Donna Lambert

**Submitted On:**

07/27/2012 08:13 AM

**Subject:**

Extension Request

**Comments:**

We would like to request a 1-week extension on the response time for this filing.

Thanks for your consideration.

Kathy Foster  
Compliance Analyst

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Form Schedule

Lead Form Number: 792							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 07/27/2012	792 AR	POL	Limited Benefit Health Policy - Short Term Care	Initial:	46.600	792_ar.pdf
2	Approved 07/27/2012	792 FC AR	POL	Limited Benefit Health Policy - Short Term Care - Facility Care Only	Initial:	46.200	792-FC_ar .pdf
3	Approved 07/27/2012	E-792 INF	POL	Inflation Endorsement	Initial:	0.000	E-792-INF.pdf
4	Approved 07/27/2012	A-792 AR	AEF	Application	Initial:	0.000	a-792_ar app.pdf
5	Approved 07/27/2012	792 MQ	AEF	Medical Questionnaire	Initial:	0.000	792 MQ.pdf
6	Approved 07/27/2012	OLC 792	OUT	Outline of Coverage	Initial:	0.000	OLC 792 AR.pdf
7	Approved 07/27/2012	RN 30D	OTH	Replacement Notice	Initial:	0.000	RN-30D.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages
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**LIMITED BENEFIT INSURANCE POLICY**  
**SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY OR HOME CARE RECOVERY BENEFITS**

This Policy is a legal contract between You, named as the Insured on the Policy Schedule, and Us. We promise to pay the benefits provided in this Policy for covered losses incurred by You while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy, including any endorsement which may be attached.

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" that You received from Us.

**THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

**YOUR THIRTY (30) DAY RIGHT TO EXAMINE THIS POLICY.** If for any reason You are not satisfied with this Policy, return it to Us or to the agent who sold it to You within thirty (30) days after You receive it. We will refund all premiums paid and consider the Policy to never have been issued.

**PRE-EXISTING CONDITION LIMITATION PERIOD.** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of this Policy that is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

**CONSIDERATION.** In consideration of Your application and the payment of the Initial Premium, this Policy will be in force until the first renewal date shown on the Policy Schedule (Page 3). Caution: The issuance of this Policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind this Policy, subject to the Time Limit on Certain Defenses (Page 17). The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at: {Equitable Life & Casualty, 3 Triad Center, Salt Lake City, UT 84180-1200, or call us, toll free, at 1-800-352-5150.}

**RENEWAL CONDITIONS – THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This means You have the right to continue this Policy as long as You pay Your premium on time. We cannot change any of the terms of this Policy on Our own, except that in the future We may increase premiums.

**PREMIUM CHANGES.** We will not change the premium for this Policy during Your first year of coverage. Thereafter, We may change the premium for this Policy, but only if We change it for all policies like Yours in Your state on a premium class basis. A premium class is determined by age, benefits and the year this Policy is issued. You will be notified in writing at least {thirty-one (31)} days before any premium change.

**EFFECTIVE DATE OF COVERAGE.** This Policy, as signed by Our President and Secretary, begins at 12:01 a.m. in the time zone in which You reside on the Effective Date shown on the Policy Schedule. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

{   
Secretary }

{   
President }

**THIS IS A LIMITED POLICY - PLEASE READ IT CAREFULLY**

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## POLICY SCHEDULE

*In this Policy We often refer to Your Policy Schedule. This schedule is important. It tells You the amount of Your premium and the type and amount of benefits that You have chosen or are included in the Policy.*

Insured:	{John Doe}	Policy Number:	{1234567}
		Effective Date:	{04/01/2012}
Initial Premium:	{\$XXX.XX}	First Renewal Date:	{04/01/2013}
{Alternate Payor:	Bob Doe}	Policy Anniversary Date:	{April 1}

## DIRECT BILL RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly
Policy	{\$XXX.XX }		
{Inflation Benefits	\$XXX.XX}		
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX}

## BANK DRAFT RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly
Policy	{\$XXX.XX}			
{Inflation Benefits	\$XXX.XX}			
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX}

*Please contact Our EquiCenter at {1-800-352-5170} if You have any questions about Your payment options.*

## POLICY BENEFITS FOR NURSING HOMES, ASSISTED LIVING FACILITIES, HOSPICE CARE FACILITIES OR HOME CARE

Daily Amount . . . . .	Eligible Charges Up to {\$50.00 – \$500.00}
Maximum Benefit Period . . . . .	{100} {150} {200} {250} {300} {350} Service Days
Waiting Period . . . . .	{0} {15} {30} {100} Service Days

## ADDITIONAL BENEFITS

Room Reservation . .	Eligible Charges Up to Your Daily Amount – Up to 15 Days Every 12 Months
Alternate Care . . . . .	Eligible Charges Up to the Daily Amount Approved
Respite Care . . . . .	Eligible Charges up to Your Daily Amount – Up to 10 Days Lifetime Maximum
Restoration of Benefits . . . . .	Up to Double Your Maximum Benefit Period

## {OPTIONAL BENEFITS}

{Automatic Simple Inflation Benefits . . . . . {3%} {5%}}

*In this Policy the words “You”, “Your” and “Yourself” refer to the Insured named in the Policy Schedule. The words “We,” “Us,” and “Our” refer to Equitable Life & Casualty Insurance Company.*

*This Policy contains certain terms, words or phrases that have special meaning. We have capitalized those terms, words or phrases for Your convenience. These terms, words or phrases are explained or defined as they appear in the sections of this Policy. Others are contained in the Additional Definitions section (Page 13).*

## ELIGIBILITY FOR PAYMENT OF BENEFITS

This Policy provides benefits for Facility Care and for Home Care. Facility Care Benefits are payable to You for services You receive during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility. Home Care Benefits are payable to You for covered services provided to You in Your Home by a Home Care Provider.

All benefits in this Policy are to be paid to You only when You are determined to be eligible for benefits and You continue to be eligible for benefits.

You are eligible for benefits under this Policy when We receive Your completed Benefit Eligibility Documentation (Page 5) which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition to Us receiving Your Benefit Eligibility Documentation, benefits will be payable to You only when:

- a) Your eligibility for benefits begins while this Policy is in force; and
- b) The services You receive are in keeping with Your Plan of Care.

### What is Hands-On Assistance?

The continual physical assistance of another person without which You would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

### What are the Activities of Daily Living (ADLs)?

*Bathing* – Your ability to wash Yourself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing Your hair or back.

*Continence* – Your ability to maintain control of bowel and bladder function; or when You are unable to maintain control of bowel or bladder function, Your ability to perform associated personal hygiene, and caring for a catheter or a colostomy bag.

*Dressing* – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.

*Eating* – Your ability to feed Yourself by getting food into Your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

*Toileting* – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

*Transferring* – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower (see Bathing above).

### **What is a Cognitive Impairment?**

The deterioration or loss of Your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in Your need for the continual assistance of, or supervision by, another person to properly care for Yourself, including supervision and assistance that is necessary to protect You from threats to Your health or safety or the health and safety of others.

## **BENEFIT ELIGIBILITY DOCUMENTATION**

We must receive documentation which verifies that You are eligible to receive benefits under this Policy before benefits can be paid to You. The documentation needed by Us will depend on the place where services are going to be provided to You. The types of documentation needed by Us are described below.

### **COMPREHENSIVE MINIMUM DATA SET ASSESSMENT (MDS)**

If the Nursing Home in which You reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive Minimum Data Set Assessment (often referred to as an MDS), We must be provided with a completed Comprehensive MDS Assessment that verifies Your eligibility for benefits.

### **What is a Comprehensive Minimum Data Set Assessment?**

A clinical assessment developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs), Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

A Comprehensive MDS Assessment is normally completed by the appropriate Nursing Home staff within the first fourteen (14) days of a stay.

## **ASSESSMENT**

We must be provided with a written Assessment performed by an Assessment Provider that verifies Your eligibility for benefits:

- a) If the Nursing Home in which You reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If You reside in an Assisted Living Facility or a Hospice Care Facility; or
- c) If You require Home Care Services.

We will pay all costs associated with the performance of an Assessment.

### **What is an Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You are eligible for benefits.



**What is an Assessment Provider?**

An agency, entity or person designated and approved by Us to perform an Assessment. A person assigned to perform an Assessment will be a Licensed Health Care Practitioner.

**What is a Licensed Health Care Practitioner?**

A registered professional nurse, licensed social worker or other similarly licensed person.

A Licensed Health Care Practitioner may not be a member of Your Immediate Family, nor be the proprietor or an employee of a Nursing Home, Assisted Living Facility, Hospice Care Facility or a Home Care Provider that will provide care services to You under Your Plan of Care.

**PLAN OF CARE**

When You are eligible for benefits for Your stay in a Nursing Home or an Assisted Living Facility, or when You are eligible for Home Care Benefits, a Plan of Care will be developed by You and a Care Planner. We do not require a Plan of Care for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by You and the Care Planner as required to reflect changes in Your functional or cognitive abilities and Your care service needs.

We will pay all costs associated with the development of Your Plan of Care and any changes to Your Plan of Care.

**What is a Plan of Care?**

A written individualized plan of services that specifies Your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services You receive. Your Plan of Care may contain services which You choose to receive but which are not covered services payable under this Policy, including informal care provided by family or friends.

**What is a Care Planner?**

A Licensed Health Care Practitioner employed or contracted by Us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**PERIODIC RE-ASSESSMENTS**

We reserve the right to have You re-assessed to determine Your continued eligibility for the payment of Facility Care Benefits and Home Care Benefits when and as often as reasonably necessary throughout the duration of Your claim for benefits.

We will pay all costs associated with the performance of any Re-Assessment.

**What is a Re-Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You continue to be eligible for benefits.

**How often is a Re-Assessment done?**

The timing of a Re-Assessment will depend on Your physical function or cognitive abilities, the place where You receive services and the amount of services You receive. A Re-Assessment schedule can be part of Your Plan of Care. Generally, a Re-Assessment will not take place more than once in any 90 day period.

**POLICY BENEFITS****FACILITY CARE BENEFITS**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day of Your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay Facility Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 12).

Payment of Facility Care Benefits to You is subject to Your Waiting Period and to all provisions of this Policy. Your Waiting Period will not apply to a stay in a Hospice Care Facility.

Your Daily Amount, Maximum Benefit Period and Waiting Period are listed on Your Policy Schedule (Page 3).

**What are Eligible Charges for Facility Care Benefits?**

Those expenses for services provided to You in keeping with Your Plan of Care and that You are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

### **What is a Nursing Home?**

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home or rehabilitation facility, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

A Nursing Home does NOT include the following places or facilities:

- a) A Hospital;
- b) An Assisted Living Facility;
- c) An adult foster home;
- d) An Alzheimer's care facility or unit;
- e) A residential care facility;
- f) A personal care facility;
- g) A Hospice Care Facility;
- h) A place primarily providing care and treatment for alcoholism or substance abuse;
- i) A place primarily providing care and treatment of mental disease or mental disorders;
- j) A community living center or a place that primarily provides domiciliary custodial, retirement or educational care;
- k) A continuing care retirement community, an independent living unit, an apartment or Your Home; or
- l) Any other facility or entity not licensed as a nursing home in Your state of residence.

### **What are Nursing Care Services?**

Those services which are performed under orders of a Physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

### **What is an Assisted Living Facility?**

A place which is a separate facility or distinct part of a health care facility or rehabilitation facility, which is licensed by the state, is operated pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that includes three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide services and care;
- d) Has formal arrangements with a Physician or nurse to furnish medical care in emergencies; and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, a personal care facility or an adult foster home.

An Assisted Living Facility does NOT include the following places or facilities:

- a) Your Home;
- b) A Hospital;
- c) A Nursing Home;
- d) A continuing care retirement community, an independent living unit, or an apartment;
- e) A place primarily providing care and treatment for alcoholism or substance abuse;
- f) A place primarily providing care and treatment of mental disease or mental disorders; or
- g) A community living center or a place that primarily provides domiciliary, custodial, retirement or educational care.

### **What is a Hospice Care Facility?**

A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

### **What is Hospice Care?**

A program of care for the Terminally Ill and their families that includes medical, palliative, psychological, spiritual or supportive care and treatment, provided in a Hospice Care Facility.

You are considered to be Terminally Ill when:

- a) Your Physician and the hospice medical director certify that You are Terminally Ill and have a life expectancy of six (6) months or less if Your illness runs its normal course; and
- b) You receive care from a Medicare-approved Hospice Care program.

## **ADDITIONAL FACILITY CARE BENEFITS**

### **ROOM RESERVATION**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, to reserve Your room when You are admitted as an inpatient to a Hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Room Reservation benefits are payable to You following Your discharge from the Hospital and Your return to the Nursing Home, Assisted Living Facility or Hospice Care Facility where You resided immediately prior to Your admission to the Hospital.

We will pay Room Reservation benefits to You for up to fifteen (15) days in any twelve (12) month period. Days for which We pay Room Reservation benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

### **What is a Hospital?**

A medical facility which:

- a) Is legally licensed and operated as an acute care hospital;
- b) Is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations;
- c) Provides inpatient care of injured and sick people;
- d) Is supervised by a Physician;
- e) Provides 24-hour-a-day nursing services supervised by or under a registered professional nurse (RN);
- f) Provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities; and
- g) Maintains permanent medical history records.

A Hospital is not a bed, unit, or facility that functions as a:

- a) Skilled nursing facility;
- b) Residential or personal care facility;
- c) Adult foster home;
- d) Nursing Home or nursing facility;
- e) Assisted Living Facility;
- f) Extended care or long term care facility;
- g) Rehabilitation center;
- h) Ambulatory surgical center or other outpatient facility;
- i) Place primarily providing care and treatment for alcoholism or substance abuse; or
- j) Facility for the care and treatment of mental disease or mental disorders.

## ALTERNATE CARE

We may agree to pay benefits to You for stays in facilities that are not specifically covered by this Policy. When You are determined to be eligible for benefits, Alternate Care benefits may be paid to You when:

- a) All facilities that are covered by this Policy are unavailable to You within a radius of fifty (50) miles from Your Home; and
- b) Your stay in a non-covered facility is a cost effective alternative that is appropriate for Your needs; and
- c) We approve the payment of Alternate Care benefits to You.

We reserve the right to review the appropriateness of paying Alternate Care benefits to You at any time. Days for which We pay Alternate Care benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

## HOME CARE BENEFITS

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day You receive at least one (1) hour of Home Care Services in Your Home from a Home Care Provider.

We will pay Home Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day that We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 12).

The payment of Home Care Benefits to You is subject to Your Waiting Period and all provisions of this Policy.

Your Daily Amount, Maximum Benefit Period and Waiting Period are shown on Your Policy Schedule (Page 3).

### What are Eligible Charges for Home Care Benefits?

Those expenses for Home Care Services provided to You in keeping with Your Plan of Care and that You are obligated to pay.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

### What does Home mean?

The place that You maintain as an independent residence or that a member of Your Immediate Family with whom You live maintains as an independent residence. Your Home is not a Hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.

**What are Home Care Services?**

Professional and personal care services You receive from a Home Care Provider in Your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services provided by a Home Care Provider for one or more of the following personal support services provided to You: meal preparation; laundry; light house-keeping; shopping for food, medications or medical supplies; and transportation to and from appointments.

**What is a Home Care Provider?**

An organization or agency licensed by Your state to provide Home Care Services, which operates under that license according to law; or, if licensing is not required, an organization, agency or person approved by Us to provide Home Care Services to You.

A Home Care Provider cannot be a member of Your Immediate Family and must not have a financial interest or relationship with You or any member of Your Immediate Family, other than an arrangement to provide Home Care Services.

**ADDITIONAL HOME CARE BENEFITS****RESPIRE CARE**

When You are determined to be eligible for Home Care Benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to You when an informal, unpaid caregiver is temporarily relieved from providing those services to You.

We will pay Respite Care benefits to You up to a lifetime maximum of ten (10) days.

Days for which We pay Respite Care benefits to You will count toward Your Maximum Benefit Period but will not be subject to Your Waiting Period.

## **ADDITIONAL POLICY BENEFITS**

### **RESTORATION OF YOUR MAXIMUM BENEFIT PERIOD**

This benefit allows You to restore Your Maximum Benefit Period, as shown on Your Policy Schedule (Page 3), by the number of days benefits were paid to You.

We will restore the days benefits were paid to You under this Policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If You are cognitively impaired You did not require or receive the assistance or supervision of another person.

The number of days benefits were paid to You will be restored each time You meet the requirements above, until the total number of days restored are equal to Your Maximum Benefit Period (effectively allowing You to double Your Maximum Benefit Period).

We reserve the right, at Our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify You met the requirements above.

## **ADDITIONAL DEFINITIONS**

### **IMMEDIATE FAMILY**

Means a person who is related to You by blood, marriage or adoption, including, but not limited to, Your spouse, mother, father, mother-in-law, father-in-law, son, son-in-law, daughter, daughter-in-law, niece, nephew, aunt, uncle, or grandchild.

### **MAXIMUM BENEFIT PERIOD**

The total number of days for which We will pay Facility Care benefits and Home Care Benefits under this Policy.

Your Maximum Benefit Period is shown on Your Policy Schedule (Page 3).

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision of this Policy (Page 12).

### **MEDICARE**

The federal program for health care reimbursement established under Title XVIII of The Social Security Act, as amended.

### **PHYSICIAN**

A person other than You or a member of Your Immediate Family who:

- a) Is a doctor of medicine or osteopathy who is duly licensed by the state to practice medicine or osteopathy; and
- b) Provides services within the scope of his or her licenses.

### **WAITING PERIOD**

The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which You receive Home Care Services, before benefits are payable to You. You need to satisfy Your Waiting Period only once during Your lifetime.

Your Waiting Period is shown on Your Policy Schedule (Page 3).



## LIMITATIONS AND EXCLUSIONS

This Policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to You;
- e) Caused by a self-inflicted injury or attempted suicide, whether You are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which You are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to You by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or a Home Care Provider;
- i) For services and supplies not included in Your Plan of Care or Your Itemized Billing Statement;
- j) For services provided to You by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

No claim for benefits will be denied for any covered loss that begins after the first six (6) months following the Effective Date of this Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

## **CLAIMS PROCESS AND PROCEDURES**

The following provisions explain what is required for You to file a claim for benefits under this Policy and what We must do when You file a claim for benefits with Us. We also provide You with a process in which to appeal Our decision should You disagree with Our decision about Your claim for benefits.

If You have any questions about Our claims process and procedures please call our Benefit Specialty Unit, toll free, at {1-800-352-5130}.

### **NOTICE OF CLAIM**

Written notice of claim must be given to Us within twenty (20) days after a covered loss begins or as soon as reasonably possible. No special form is required. The notice can be given to Us at Our home office or to an authorized agent. The notice should include Your name and Your policy number.

### **PROOF OF LOSS FORMS**

When We receive Notice of Claim, We will send You Proof of Loss forms (claim forms). If these forms are not given to You within 15 days, You can meet this requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

### **PROOF OF LOSS**

Written Proof of Loss must be given to Us within 90 days after We send You the Proof of Loss forms. If it was not reasonably possible for You to complete the forms in the time required, We will not reduce or deny Your claim for this reason if the Proof of Loss forms are filed with Us as soon as possible, but no later than one (1) year from the time specified, unless You were legally incapacitated.

### **HOW CLAIMS ARE EVALUATED**

When We receive Your Notice of Claim, We will collect all the information and documentation We need to determine if You meet the Eligibility for Payment of Benefits requirements (Page 4). This will include information We receive directly from You during Our claim intake interview, and may include information from any other person acting on Your behalf. This will also include the Benefit Eligibility Documentation required to verify Your eligibility for benefits (Page 5).

To assist Us in evaluating Your claim We may also need to contact Your Physician or other care provider(s) and review Your medical records and/or Your care records. This will be done with Your written authorization.

Based on Our evaluation of the submitted information and documentation, We will determine Your eligibility for benefits. We will not pay benefits to You until We determine You are eligible for the payment of benefits.

### **WRITTEN NOTIFICATION**

We will notify You in writing whether or not You are eligible for the payment of benefits within ten (10) days after We receive all required information and documentation.

### **PLAN OF CARE**

When You are determined to be eligible for benefits, We will arrange for a Plan of Care to be developed by You and a Care Planner designated by Us (Page 6). Benefits are payable for covered services provided to You in keeping with Your Plan of Care.

## **CLAIMS PROCESS AND PROCEDURES (continued)**

### **ITEMIZED BILLING STATEMENT (for HOME CARE BENEFITS only)**

When You are determined to be eligible for Home Care Benefits, Your Home Care Provider will submit a billing statement to Us that shows the itemized Home Care Services provided to You on a daily basis. We will accept this Itemized Billing Statement from Your Home Care Provider as Your Notice of Claim and written Proof of Loss for Your continuing claims. The Itemized Billing Statement must be provided to Us within the timeframes specified in the Proofs of Loss provision above.

### **TIMELY PAYMENT OF CLAIMS**

We will pay benefits under this Policy promptly after We receive written Proof of Loss and determine You are eligible for the payment of benefits.

### **PAYMENT OF CLAIMS**

We will pay all benefits to You. Any benefits unpaid at Your death will be paid to Your surviving spouse, if any, or to Your estate.

### **UNPAID PREMIUM**

When a claim is paid, any premium due and unpaid may be deducted from the claim payment, including premiums due and unpaid during the Grace Period.

### **RIGHT OF RECOVERY**

If We pay any benefits in excess of the correct amount payable to You under any provision of this Policy, We reserve the right to collect any excess amount from You, or Your estate, under any legal means available.

### **EXAMINATIONS AND PERIODIC RE-ASSESSMENTS**

We, at Our expense, reserve the right to have You examined and re-assessed to determine Your continued eligibility for the payment of benefits when and as often as reasonably necessary throughout the duration of a claim.

### **CLAIM APPEAL PROCESS AND REVIEW**

If You believe that Our decision on Your claim for benefits is in error, You may appeal Our decision and We will reconsider Your claim. Send Us a written request (no special form is required) explaining why, under the provisions of this Policy, You believe We should change Our decision.

Your written request must be submitted within sixty (60) days of Your receipt of the Explanation of Benefits (EOB) of Your claim. You may authorize someone else to act for You in this process. Your written request should include Your name, the Policy number, the names, addresses and phone numbers of any persons or organizations You believe We should contact to learn more about the claim under reconsideration, and any supporting documentation or records.

Once We have completed Our review, We will notify You in writing of Our decision. This notification will be sent to You no later than thirty (30) days after receipt of Your written request for appeal. We will pay any benefits to You that may then be due as a result of Our reconsideration. Should We require longer than thirty (30) days to make Our decision, We will notify You in writing of the reasons for the delay. In any event, the delay will be no longer than an additional forty-five (45) days.

Our final decision on Your appeal does not prevent You from taking further legal action.

## IMPORTANT CONTRACT PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Policy, with its endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### TIME LIMIT ON CERTAIN DEFENSES

No statements, except fraudulent misstatements in Your application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after two (2) years from the Effective Date of this Policy. A copy of Your application is attached.

### GRACE PERIOD

This Policy has a thirty-one (31) day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period this Policy will stay in force.

### ALTERNATE PAYOR

An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown in the Policy Schedule. This Policy contains a thirty-one (31) day Grace Period plus a fifteen (15) day Conservation Period for the payment of renewal premiums.

### CONSERVATION PERIOD

You have an additional fifteen (15) days beyond the Grace Period to pay Your premium. During this fifteen (15) day extension, this Policy is not in force unless Your premium is paid within this period. This Policy will then be renewed with no lapse in coverage.

### POLICY TERMINATION

This Policy will terminate and coverage will end on the earliest of:

- a) The date this Policy lapses for non-payment of premium following the Grace Period; or
- b) The date of Your death.

Termination of this Policy for non-payment of premium is subject to the Extension of Benefits provision.

### REINSTATEMENT

If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the forty-fifth (45th) day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.

The reinstated Policy will only cover a loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy. Any premium accepted with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

### **EXTENSION OF BENEFITS**

Should this Policy lapse for nonpayment of premium, a covered Facility Care confinement that began while this Policy was in force will continue to be covered until the date that is the earlier of:

- a) The date You are discharged from the Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) The date You no longer meet the requirements for Eligibility for Payment of Benefits (Page 4); or
- c) The date You reach Your Maximum Benefit Period.

Extension of Benefits does not apply to Home Care Benefits and is subject to all other applicable provisions of this Policy.

### **REFUND OF PREMIUM AT DEATH**

We will refund that part of any premium paid for an insured person which covers a period beyond the end of the Policy month of that person's death.

### **LEGAL ACTION**

No legal action may be brought to recover on this Policy within sixty (60) days after written Proof of Loss has been given as required by this Policy. No action may be brought after three (3) years from the time written Proof of Loss is required to be given.

### **OTHER INSURANCE WITH US**

You can be insured under only one Policy in this Policy form series with Us. If, through error, You are insured under any other Policy in this Policy form series, only the one Policy You choose to keep will be effective. We will refund the premiums paid for any insurance which is not effective.

### **MISSTATEMENT OF AGE**

If Your age at the time this Policy was issued to You was misstated, We will pay only such amounts as the premium paid would have purchased at Your correct age. In the event Your age is overstated, We will refund any premium that may be due when We have been notified of this fact. If based on Your correct age We would not have issued this Policy to You, Our liability will be limited to the refund of any premium paid, subject to any benefits paid.

### **CONFORMITY WITH STATE LAWS**

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state where You reside on that date is amended to conform to the minimum requirements of those laws.

**LIMITED BENEFIT INSURANCE POLICY**  
**SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY RECOVERY BENEFITS**

This Policy is a legal contract between You, named as the Insured on the Policy Schedule, and Us. We promise to pay the benefits provided in this Policy for covered losses incurred by You while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy, including any endorsement which may be attached.

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" that You received from Us.

**THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

**YOUR THIRTY (30) DAY RIGHT TO EXAMINE THIS POLICY.** If for any reason You are not satisfied with this Policy, return it to Us or to the agent who sold it to You within thirty (30) days after You receive it. We will refund all premiums paid and consider the Policy to never have been issued.

**PRE-EXISTING CONDITION LIMITATION PERIOD.** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of this Policy that is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

**CONSIDERATION.** In consideration of Your application and the payment of the Initial Premium, this Policy will be in force until the first renewal date shown on the Policy Schedule (Page 3). Caution: The issuance of this Policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind this Policy, subject to the Time Limit on Certain Defenses (Page 15). The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at: {Equitable Life & Casualty, 3 Triad Center, Salt Lake City, UT 84180-1200, or call us, toll free, at 1-800-352-5150}.

**RENEWAL CONDITIONS – THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This means You have the right to continue this Policy as long as You pay Your premium on time. We cannot change any of the terms of this Policy on Our own, except that in the future We may increase premiums.

**PREMIUM CHANGES.** We will not change the premium for this Policy during Your first year of coverage. Thereafter, We may change the premium for this Policy, but only if We change it for all policies like Yours in Your state on a premium class basis. A premium class is determined by age, benefits and the year this Policy is issued. You will be notified in writing at least {thirty-one (31)} days before any premium change.

**EFFECTIVE DATE OF COVERAGE.** This Policy, as signed by Our President and Secretary, begins at 12:01 a.m. in the time zone in which You reside on the Effective Date shown on the Policy Schedule. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

{  }

Secretary

{  }

President

**THIS IS A LIMITED POLICY - PLEASE READ IT CAREFULLY**

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## POLICY SCHEDULE

*In this Policy We often refer to Your Policy Schedule. This schedule is important. It tells You the amount of Your premium and the type and amount of benefits that You have chosen or are included in the Policy.*

Insured	{John Doe}	Policy Number:	{1234567}
		Effective Date:	{04/01/2012}
Initial Premium:	{\$XXX.XX}	First Renewal Date:	{04/01/2013}
{Alternate Payor:	Bob Doe}	Policy Anniversary Date:	{April 1}

## DIRECT BILL RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly
Policy	{\$XXX.XX }		
{Inflation Benefits	\$XXX.XX}		
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX}

## BANK DRAFT RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly
Policy	{\$XXX.XX}			
{Inflation Benefits	\$XXX.XX}			
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX}

*Please contact Our EquiCenter at {1-800-352-5170} if You have any questions about Your payment options.*

## POLICY BENEFITS FOR NURSING HOMES, ASSISTED LIVING FACILITIES OR HOSPICE CARE FACILITIES

Daily Amount . . . . .	Eligible Charges Up to {\$50.00 – \$500.00}
Maximum Benefit Period . . . . .	{100} {150} {200} {250} {300} {350} Service Days
Waiting Period . . . . .	{0} {15} {30} {100 } Service Days

## ADDITIONAL BENEFITS

Room Reservation . .	Eligible Charges Up to Your Daily Amount – Up to 15 Days Every 12 Months
Alternate Care . . . . .	Eligible Charges Up to the Daily Amount Approved
Restoration of Benefits . . . . .	Up to Double Your Maximum Benefit Period

## {OPTIONAL BENEFITS}

{Automatic Simple Inflation Benefits . . . . . {3%} {5%}}

*In this Policy the words “You”, “Your” and “Yourself” refer to the Insured named in the Policy Schedule. The words “We,” “Us,” and “Our” refer to Equitable Life & Casualty Insurance Company.*

*This Policy contains certain terms, words or phrases that have special meaning. We have capitalized those terms, words or phrases for Your convenience. These terms, words or phrases are explained or defined as they appear in the sections of this Policy. Others are contained in the Additional Definitions section (Page 11).*



## ELIGIBILITY FOR PAYMENT OF BENEFITS

This Policy provides benefits for Facility Care. Facility Care Benefits are payable to You for services You receive during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

All benefits in this Policy are to be paid to You only when You are determined to be eligible for benefits and You continue to be eligible for benefits.

You are eligible for benefits under this Policy when We receive Your completed Benefit Eligibility Documentation (Page 5) which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition to Us receiving Your Benefit Eligibility Documentation, benefits will be payable to You only when:

- a) Your eligibility for benefits begins while this Policy is in force; and
- b) The services You receive are in keeping with Your Plan of Care.

### What is Hands-On Assistance?

The continual physical assistance of another person without which You would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

### What are the Activities of Daily Living (ADLs)?

*Bathing* – Your ability to wash Yourself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing Your hair or back.

*Continence* – Your ability to maintain control of bowel and bladder function; or when You are unable to maintain control of bowel or bladder function, Your ability to perform associated personal hygiene, and caring for a catheter or a colostomy bag.

*Dressing* – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.

*Eating* – Your ability to feed Yourself by getting food into Your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

*Toileting* – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

*Transferring* – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower (see Bathing above).

### What is a Cognitive Impairment?

The deterioration or loss of Your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in Your need for the continual assistance of, or supervision by, another person to properly care for Yourself, including supervision and assistance that is necessary to protect You from threats to Your health or safety or the health and safety of others.

## **BENEFIT ELIGIBILITY DOCUMENTATION**

We must receive documentation which verifies that You are eligible to receive benefits under this Policy before benefits can be paid to You. The documentation needed by Us will depend on the place where services are going to be provided to You. The types of documentation needed by Us are described below.

### **COMPREHENSIVE MINIMUM DATA SET ASSESSMENT (MDS)**

If the Nursing Home in which You reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive Minimum Data Set Assessment (often referred to as an MDS), We must be provided with a completed Comprehensive MDS Assessment that verifies Your eligibility for benefits.

#### **What is a Comprehensive Minimum Data Set Assessment?**

A clinical assessment developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs), Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

A Comprehensive MDS Assessment is normally completed by the appropriate Nursing Home staff within the first fourteen (14) days of a stay.

### **ASSESSMENT**

We must be provided with a written Assessment performed by an Assessment Provider that verifies Your eligibility for benefits:

- a) If the Nursing Home in which You reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If You reside in an Assisted Living Facility or a Hospice Care Facility.

We will pay all costs associated with the performance of an Assessment.

#### **What is an Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You are eligible for benefits.

#### **What is an Assessment Provider?**

An agency, entity or person designated and approved by Us to perform an Assessment. A person assigned to perform an Assessment will be a Licensed Health Care Practitioner.

**What is a Licensed Health Care Practitioner?**

A registered professional nurse, licensed social worker or other similarly licensed person.

A Licensed Health Care Practitioner may not be a member of Your Immediate Family, nor be the proprietor or an employee of a Nursing Home, Assisted Living Facility, or Hospice Care Facility.

**PLAN OF CARE**

When You are eligible for benefits for Your stay in a Nursing Home or Assisted Living Facility, a Plan of Care will be developed by You and a Care Planner. We do not require a Plan of Care for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by You and the Care Planner as required to reflect changes in Your functional or cognitive abilities and Your care service needs.

We will pay all costs associated with the development of Your Plan of Care and any changes to Your Plan of Care.

**What is a Plan of Care?**

A written individualized plan of services that specifies Your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services You receive. Your Plan of Care may contain services which You choose to receive but which are not covered services payable under this Policy, including informal care provided by family or friends.

**What is a Care Planner?**

A Licensed Health Care Practitioner employed or contracted by Us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**PERIODIC RE-ASSESSMENTS**

We reserve the right to have You re-assessed to determine Your continued eligibility for the payment of Facility Care Benefits when and as often as reasonably necessary throughout the duration of Your claim for benefits.

We will pay all costs associated with the performance of any Re-Assessment.

**What is a Re-Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You continue to be eligible for benefits.

**How often is a Re-Assessment done?**

The timing of a Re-Assessment will depend on Your physical function or cognitive abilities, the place where You receive services and the amount of services You receive. A Re-Assessment schedule can be part of Your Plan of Care. Generally, a Re-Assessment will not take place more than once in any 90 day period.

## **POLICY BENEFITS**

### **FACILITY CARE BENEFITS**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day of Your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay Facility Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 10).

The payment of Facility Care Benefits to You is subject to Your Waiting Period and to all provisions of this Policy. Your Waiting Period will not apply to a stay in a Hospice Care Facility.

Your Daily Amount, Maximum Benefit Period and Waiting Period are listed on Your Policy Schedule (Page 3).

#### **What are Eligible Charges for Facility Care Benefits?**

Those expenses for services provided to You in keeping with Your Plan of Care and that You are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

#### **What is a Nursing Home?**

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home or rehabilitation facility, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

A Nursing Home does NOT include the following places or facilities:

- a) A Hospital;
- b) An Assisted Living Facility;
- c) An adult foster home;
- d) An Alzheimer's care facility or unit;
- e) A residential care facility;
- f) A personal care facility;
- g) A Hospice Care Facility;
- h) A place primarily providing care and treatment for alcoholism or substance abuse;
- i) A place primarily providing care and treatment of mental disease or mental disorders;
- j) A community living center or a place that primarily provides domiciliary custodial, retirement or educational care;
- k) A continuing care retirement community, an independent living unit, an apartment or Your home;  
or
- l) Any other facility or entity not licensed as a nursing home in Your state of residence.

### **What are Nursing Care Services?**

Those services which are performed under orders of a Physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

### **What is an Assisted Living Facility?**

A place which is a separate facility or distinct part of a health care facility or rehabilitation facility, which is licensed by the state, is operated pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that includes three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide services and care;
- d) Has formal arrangements with a Physician or nurse to furnish medical care in emergencies; and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, a personal care facility or an adult foster home.

An Assisted Living Facility does NOT include the following places or facilities:

- a) Your home;
- b) A Hospital;
- c) A Nursing Home;
- d) A continuing care retirement community, an independent living unit, or an apartment;
- e) A place primarily providing care and treatment for alcoholism or substance abuse;
- f) A place primarily providing care and treatment of mental disease or mental disorders; or
- g) A community living center or a place that primarily provides domiciliary, custodial, retirement or educational care.

### **What is a Hospice Care Facility?**

A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

### **What is Hospice Care?**

A program of care for the Terminally Ill and their families that includes medical, palliative, psychological, spiritual or supportive care and treatment, provided in a Hospice Care Facility.

You are considered to be Terminally Ill when:

- a) Your Physician and the hospice medical director certify that You are Terminally Ill and have a life expectancy of six (6) months or less if Your illness runs its normal course; and
- b) You receive care from a Medicare approved Hospice Care program.

## **ADDITIONAL FACILITY CARE BENEFITS**

### **ROOM RESERVATION**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, to reserve Your room when You are admitted as an inpatient to a Hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Room Reservation benefits are payable to You following Your discharge from the Hospital and Your return to the Nursing Home, Assisted Living Facility or Hospice Care Facility where You resided immediately prior to Your admission to the Hospital.

We will pay Room Reservation benefits to You for up to fifteen (15) days in any twelve (12) month period. Days for which We pay Room Reservation benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

#### **What is a Hospital?**

A medical facility which:

- a) Is legally licensed and operated as an acute care hospital;
- b) Is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations;
- c) Provides inpatient care of injured and sick people;
- d) Is supervised by a Physician;
- e) Provides 24-hour-a-day nursing services supervised by or under a registered professional nurse (RN);
- f) Provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities; and
- g) Maintains permanent medical history records.

A Hospital is not a bed, unit, or facility that functions as a:

- a) Skilled nursing facility;
- b) Residential or personal care facility;
- c) Adult foster home;
- d) Nursing Home or nursing facility;
- e) Assisted Living Facility;
- f) Extended care or long term care facility;
- g) Rehabilitation center;
- h) Ambulatory surgical center or other outpatient facility;
- i) Place primarily providing care and treatment for alcoholism or substance abuse; or
- j) Facility for the care and treatment of mental disease or mental disorders.

### **ALTERNATE CARE**

We may agree to pay benefits to You for stays in facilities that are not specifically covered by this Policy. When You are determined to be eligible for benefits, Alternate Care benefits may be paid to You when:

- a) All facilities that are covered by this Policy are unavailable to You within a radius of fifty (50) miles from Your home; and
- b) Your stay in a non-covered facility is a cost effective alternative that is appropriate for Your needs; and
- c) We approve the payment of Alternate Care benefits to You.

We reserve the right to review the appropriateness of paying Alternate Care benefits to You at any time. Days for which We pay Alternate Care benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

## **ADDITIONAL POLICY BENEFITS**

### **RESTORATION OF YOUR MAXIMUM BENEFIT PERIOD**

This benefit allows You to restore Your Maximum Benefit Period, as shown on Your Policy Schedule (Page 3), by the number of days benefits were paid to You.

We will restore the days benefits were paid to You under this Policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- c) If You are cognitively impaired You did not require or receive the assistance or supervision of another person.

The number of days benefits were paid to You will be restored each time You meet the requirements above, until the total number of days restored are equal to Your Maximum Benefit Period (effectively allowing You to double Your Maximum Benefit Period).

We reserve the right, at Our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify You met the requirements above.

## **ADDITIONAL DEFINITIONS**

### **IMMEDIATE FAMILY**

Means a person who is related to You by blood, marriage or adoption, including, but not limited to, Your spouse, mother, father, mother-in-law, father-in-law, son, son-in-law, daughter, daughter-in-law, niece, nephew, aunt, uncle, or grandchild.

### **MAXIMUM BENEFIT PERIOD**

The total number of days for which We will pay Facility Care Benefits under this Policy.

Your Maximum Benefit Period is shown on Your Policy Schedule (Page 3).

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision of this Policy (Page 10).

### **MEDICARE**

The federal program for health care reimbursement established under Title XVIII of The Social Security Act, as amended.

### **PHYSICIAN**

A person other than You or a member of Your Immediate Family who:

- a) Is a doctor of medicine or osteopathy who is duly licensed by the state to practice medicine or osteopathy; and
- b) Provides services within the scope of his or her licenses.

### **WAITING PERIOD**

The number of days of a stay in a Nursing Home or Assisted Living Facility before benefits are payable to You. You need to satisfy Your Waiting Period only once during Your lifetime.

Your Waiting Period is shown on Your Policy Schedule (Page 3).



## LIMITATIONS AND EXCLUSIONS

This Policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to You;
- e) Caused by a self-inflicted injury or attempted suicide, whether You are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which You are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to You by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- i) For services and supplies not included in Your Plan of Care;
- j) For services provided to You by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

No claim for benefits will be denied for any covered loss that begins after the first six (6) months following the Effective Date of this Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

## **CLAIMS PROCESS AND PROCEDURES**

The following provisions explain what is required for You to file a claim for benefits under this Policy and what We must do when You file a claim for benefits with Us. We also provide You with a process in which to appeal Our decision should You disagree with Our decision about Your claim for benefits.

If You have any questions about Our claims process and procedures please call our Benefit Specialty Unit, toll free, at {1-800-352-5130}.

### **NOTICE OF CLAIM**

Written notice of claim must be given to Us within twenty (20) days after a covered loss begins or as soon as reasonably possible. No special form is required. The notice can be given to Us at Our home office or to an authorized agent. The notice should include Your name and Your policy number.

### **PROOF OF LOSS FORMS**

When We receive Notice of Claim, We will send You Proof of Loss forms (claim forms). If these forms are not given to You within 15 days, You can meet this requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

### **PROOF OF LOSS**

Written Proof of Loss must be given to Us within 90 days after We send You the Proof of Loss forms. If it was not reasonably possible for You to complete the forms in the time required, We will not reduce or deny Your claim for this reason if the Proof of Loss forms are filed with Us as soon as possible, but no later than one (1) year from the time specified, unless You were legally incapacitated.

### **HOW CLAIMS ARE EVALUATED**

When We receive Your Notice of Claim, We will collect all the information and documentation We need to determine if You meet the Eligibility for Payment of Benefits requirements (Page 4). This will include information We receive directly from You during Our claim intake interview, and may include information from any other person acting on Your behalf. This will also include the Benefit Eligibility Documentation required to verify Your eligibility for benefits (Page 5).

To assist Us in evaluating Your claim We may also need to contact Your Physician or other care provider(s) and review Your medical records and/or Your care records. This will be done with Your written authorization.

Based on Our evaluation of the submitted information and documentation, We will determine Your eligibility for benefits. We will not pay benefits to You until We determine You are eligible for the payment of benefits.

### **WRITTEN NOTIFICATION**

We will notify You in writing whether or not You are eligible for the payment of benefits within ten (10) days after We receive all required information and documentation.

## **CLAIMS PROCESS AND PROCEDURES (continued)**

### **PLAN OF CARE**

When You are determined to be eligible for benefits, We will arrange for a Plan of Care to be developed by You and a Care Planner designated by Us (Page 6). Benefits are payable for covered services provided to You in keeping with Your Plan of Care.

### **TIMELY PAYMENT OF CLAIMS**

We will pay benefits under this Policy promptly after We receive written Proof of Loss and determine You are eligible for the payment of benefits.

### **PAYMENT OF CLAIMS**

We will pay all benefits to You. Any benefits unpaid at Your death will be paid to Your surviving spouse, if any, or to Your estate.

### **UNPAID PREMIUM**

When a claim is paid, any premium due and unpaid may be deducted from the claim payment, including premiums due and unpaid during the Grace Period.

### **RIGHT OF RECOVERY**

If We pay any benefits in excess of the correct amount payable to You under any provision of this Policy, We reserve the right to collect any excess amount from You, or Your estate, under any legal means available.

### **EXAMINATIONS AND PERIODIC RE-ASSESSMENTS**

We, at Our expense, reserve the right to have You examined and re-assessed to determine Your continued eligibility for the payment of benefits when and as often as reasonably necessary throughout the duration of a claim.

### **CLAIM APPEAL PROCESS AND REVIEW**

If You believe that Our decision on Your claim for benefits is in error, You may appeal Our decision and We will reconsider Your claim. Send Us a written request (no special form is required) explaining why, under the provisions of this Policy, You believe We should change Our decision.

Your written request must be submitted within sixty (60) days of Your receipt of the Explanation of Benefits (EOB) of Your claim. You may authorize someone else to act for You in this process. Your written request should include Your name, the Policy number, the names, addresses and phone numbers of any persons or organizations You believe We should contact to learn more about the claim under reconsideration, and any supporting documentation or records.

Once We have completed Our review, We will notify You in writing of Our decision. This notification will be sent to You no later than thirty (30) days after receipt of Your written request for appeal. We will pay any benefits to You that may then be due as a result of Our reconsideration. Should We require longer than thirty (30) days to make Our decision, We will notify You in writing of the reasons for the delay. In any event, the delay will be no longer than an additional forty-five (45) days.

Our final decision on Your appeal does not prevent You from taking further legal action.

## IMPORTANT CONTRACT PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Policy, with its endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### TIME LIMIT ON CERTAIN DEFENSES

No statements, except fraudulent misstatements in Your application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after two (2) years from the Effective Date of this Policy. A copy of Your application is attached.

### GRACE PERIOD

This Policy has a thirty-one (31) day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period this Policy will stay in force.

### ALTERNATE PAYOR

An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown in the Policy Schedule. This Policy contains a thirty-one (31) day Grace Period plus a fifteen (15) day Conservation Period for the payment of renewal premiums.

### CONSERVATION PERIOD

You have an additional fifteen (15) days beyond the Grace Period to pay Your premium. During this fifteen (15) day extension, this Policy is not in force unless Your premium is paid within this period. This Policy will then be renewed with no lapse in coverage.

### POLICY TERMINATION

This Policy will terminate and coverage will end on the earliest of:

- a) The date this Policy lapses for non-payment of premium following the Grace Period; or
- b) The date of Your death.

Termination of this Policy for non-payment of premium is subject to the Extension of Benefits provision.

### REINSTATEMENT

If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the forty-fifth (45th) day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.

The reinstated Policy will only cover a loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the

reinstated Policy. Any premium accepted with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

### **EXTENSION OF BENEFITS**

Should this Policy lapse for nonpayment of premium, a covered Facility Care confinement that began while this Policy was in force will continue to be covered until the date that is the earlier of:

- a) The date You are discharged from the Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) The date You no longer meet the requirements for Eligibility for Payment of Benefits (Page 4); or
- c) The date You reach Your Maximum Benefit Period.

Extension of Benefits is subject to all other applicable provisions of this Policy.

### **REFUND OF PREMIUM AT DEATH**

We will refund that part of any premium paid for an insured person which covers a period beyond the end of the Policy month of that person's death.

### **LEGAL ACTION**

No legal action may be brought to recover on this Policy within sixty (60) days after written Proof of Loss has been given as required by this Policy. No action may be brought after three (3) years from the time written Proof of Loss is required to be given.

### **OTHER INSURANCE WITH US**

You can be insured under only one Policy in this Policy form series with Us. If, through error, You are insured under any other Policy in this Policy form series, only the one Policy You choose to keep will be effective. We will refund the premiums paid for any insurance which is not effective.

### **MISSTATEMENT OF AGE**

If Your age at the time this Policy was issued to You was misstated, We will pay only such amounts as the premium paid would have purchased at Your correct age. In the event Your age is overstated, We will refund any premium that may be due when We have been notified of this fact. If based on Your correct age We would not have issued this Policy to You, Our liability will be limited to the refund of any premium paid, subject to any benefits paid.

### **CONFORMITY WITH STATE LAWS**

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state where You reside on that date is amended to conform to the minimum requirements of those laws.

**LIMITED BENEFIT HEALTH POLICY**

**SIMPLE INFLATION PROTECTION BENEFITS ENDORSEMENT**

Endorsement Effective Date: {04/01/12}.

In consideration of Your application and the payment of additional premium, this Endorsement is attached to and is made a part of Your Policy.

If Your Policy is terminated for any reason, this Endorsement terminates automatically. You may also terminate this Endorsement by written notice to Us.

Except as specifically stated otherwise herein, this Endorsement is subject to the definitions, limitations, exclusions and all other provisions of Your Policy.

**SIMPLE INFLATION PROTECTION BENEFITS**

Your Daily Amount will automatically increase each year on Your Policy Anniversary by {three (3)} {five (5)} percent of the original Daily Amount You selected.

Your premium does not increase with the annual increase of Your Daily Amount, subject to Our limited right to change premiums (see Page 1 of Your Policy).

Your original Daily Amount and Your Policy Anniversary are shown on the Policy Schedule (see Page 3 of Your Policy).

IN WITNESS WHEREOF, We have caused this Endorsement to be signed by Our President and Secretary.

{   
President }

{   
Secretary }

# Equitable Life & Casualty Insurance Company

3 Triad Center, Salt Lake City, Utah 84180

Application - Short Stay Nursing Home, Assisted Living & Home Care Policy

- ☐ New Business  
☐ Coverage Change

## Part I — Personal Information

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other \_\_\_\_\_

Last Name

First Name

MI

Birthdate (mm/dd/yyyy) Social Security Number Age: Height Weight Gender

Birthdate (mm/dd/yyyy) Social Security Number Age: Height Weight Gender

Street Address

Joint Discount:

☐ Yes ☐ No

City

State

Zip

Policyowner Discount Name

Daytime Phone: ( ) - -

{Association Discount

☐ Yes

☐ No

Evening Phone: ( ) - -

{Association Name}

{ }

Best Time to Call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Will this Policy replace an existing Accident and Health insurance policy? ☐ Yes ☐ No (If yes, complete a replacement notice)

## PRIMARY CARE PHYSICIAN

Dr. Name (Last)

First

MI

Street Address

City

State

Zip

City

State

Zip

## Part II — Benefits Selection

☐ Comprehensive Policy

☐ Facility Only Policy

Daily Amount

Benefit Period

Waiting Period

\$ ({\$50 up to \$500} in {\$10} increments)

{ } { } { } { } { }

{ } { } { } { }

## Optional Benefits

Simple Inflation Protection Benefits Endorsement: Increase Amount: { } { } { }

## Part III — Alternate Payor

I understand that an Alternate Payor is a person other than myself who will receive notice of lapse or termination of my insurance policy for nonpayment of premium. My Alternate Payor will not be notified until thirty (30) days after a premium is due and unpaid.

Alternate Payor – (First Name - MI - Last Name)

Address

City

State

Zip

City

State

Zip

City

State

Zip

## Part IV — Premium Payment & Administration

## Part V – Agreement & Acknowledgement



## Agent Supplement

**Yes    No**

**All questions must be completed.**

- ☐ ☐ 1. Did you personally interview the applicant?
- ☐ ☐ 2. State the name and relationship of any other person present when this application was taken.  
Name \_\_\_\_\_ Relationship \_\_\_\_\_
- ☐ ☐ 3. Did you review the application for correctness and any omissions?
- ☐ ☐ 4. Did the applicant review the application for correctness and any omissions?

Agent #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent #1 Name (please print)

Agent #

Split %

Agent #2 Name (please print)

Agent #

Split %

A-792 AR

Page 3

## Initial Medical Questions - Agent Use ONLY

Please check "Yes" or "No" beside each question. If the answer to any question is "Yes", a policy cannot be issued.

**Yes No**

1. Do you require supervision or assistance with activities of daily living such as walking, eating, bathing, dressing, toileting, moving into or out of a bed or chair or with taking medication? ☐ ☐
2. Do you ever use a hospital bed, walker, wheelchair, quad cane, motorized personal transport, chair lift or oxygen? ☐ ☐
3. Have you ever had an organ transplant (other than corneal) or a defibrillator implanted? ☐ ☐
4. Have you been diagnosed with a terminal illness which is expected to end your life within the next 12 months? ☐ ☐
5. In the past 12 months:
  - a. Have you been confined in a hospital, or have you had heart surgery including bypass, angioplasty, stent placement or heart valve surgery? ☐ ☐
  - b. Have you had a balance disorder or have you fallen more than 2 times? ☐ ☐
6. In the past two years:
  - a. Has a medical professional scheduled or advised you to have surgery requiring general anesthesia, or undergo testing and you have not done so? ☐ ☐
  - b. Have you resided or been advised to reside in a Nursing Home or Assisted Living Facility? ☐ ☐
  - c. Have you received or been medically advised to receive Home Health Care or Adult Day Care services? ☐ ☐
  - d. Have you received Worker's Compensation, Social Security Disability benefits or other long-term disability benefits? ☐ ☐
7. In the past two years, have you had, been diagnosed, received treatment or taken medication for any of the following conditions?
  - a. Alzheimer's disease, dementia or memory loss ☐ ☐
  - b. Acquired Immune Deficiency Syndrome (AIDS) or HIV positive ☐ ☐
  - c. Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Muscular Dystrophy, Parkinson's disease, paralysis or myasthenia gravis ☐ ☐
  - d. Psychosis or Schizophrenia ☐ ☐
  - e. Diabetes with complications such as retinopathy (eye disease) or neuropathy (numbness/tingling in hands or feet) ☐ ☐
  - f. Internal cancer, leukemia, lymphoma or melanoma ☐ ☐
  - g. Osteoporosis with related fracture(s) ☐ ☐
  - h. Systemic lupus, kidney failure, cirrhosis of the liver, hydrocephalus or connective tissue disease ☐ ☐
  - i. Stroke or cerebrovascular accident (CVA), transient ischemic attack (TIA), congestive heart failure, atrial fibrillation, peripheral vascular disease or cardiomyopathy ☐ ☐
  - j. Amputation due to disease, alcohol or drug abuse ☐ ☐

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## Outline of Coverage

Equitable Life & Casualty Insurance Company  
{3 Triad Center, Salt Lake City, UT 84180  
1-800-352-5150}

### OUTLINE OF COVERAGE LIMITED BENEFIT HEALTH COVERAGE SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY and HOME CARE BENEFITS Policy Form 792 AR

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the company. **THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

#### (1) PLEASE READ YOUR POLICY CAREFULLY:

This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**(2) LIMITED BENEFIT HEALTH COVERAGE:** Limited Benefit Health Coverage is designed to provide, to persons insured, limited or supplemental coverage. The policy benefits are outlined in Section 3 below; the benefits described in Section 3 may be limited by the limitations contained in Section 8.

#### (3) BENEFITS PROVIDED UNDER THE POLICY:

**Note: You have the option to select a policy that provides for Facility Care Benefits only (Form 792 FC).** If you select such a policy, any reference herein to Home Care Benefits are not applicable. Your application will show if you selected Facility Care Benefits only.

**FACILITY CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day of your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit up to the Maximum Benefit Period. Payment of benefits is subject to the Waiting Period and to all provisions of the policy. The Waiting Period will not apply to a stay in a Hospice Care Facility.

**ROOM RESERVATION:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, to reserve your room when you are admitted as an inpatient to a hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit for up to fifteen (15) days in any twelve (12) month period. Days for which we pay this benefit are subject to the Waiting Period and count toward the Maximum Benefit Period.

**ALTERNATE CARE:** We may agree to pay benefits for stays in facilities not covered in the policy. When you are eligible for benefits, these benefits may be paid when:

- a) All facilities that are covered in the policy are unavailable to you within a fifty (50) mile radius of your Home;
- b) They are a cost effective option appropriate for your needs; and
- c) We approve the payment of this benefit to you.

Days for which we pay this benefit are subject to your Waiting Period and count toward the Maximum Benefit Period.

**HOME CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day you receive at least one (1) hour of Home Care Services in your Home from a Home Care Provider.

We will pay this benefit up to the Maximum Benefit Period. Payment of this benefit is subject to the Waiting Period and all provisions of the policy.

## Outline of Coverage

**RESPITE CARE:** When you are eligible for Home Care Benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to you when an informal, unpaid caregiver is temporarily relieved from providing those services to you.

We will pay this benefit up to a lifetime maximum of ten (10) days. Days for which we pay this benefit will count toward the Maximum Benefit Period but will not be subject to the Waiting Period.

**RESTORATION OF MAXIMUM BENEFIT PERIOD:** We will restore the days benefits were paid to you under the policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If you are cognitively impaired you did not require or receive the assistance or supervision of another person.

We reserve the right, at our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify you met the requirements above.

**POLICY BENEFIT AMOUNTS:** The daily amounts, maximum benefit periods and waiting periods available with the policy are as follows:

Daily Amounts – {\$50 to \$500} in \${10} increments.

Maximum Benefit Periods – {100}{,} {150}{,} {200}{,} {250}{,} {300} {or} {350} days.

Waiting Periods – {0}{,} {15}{,} {30} {or} {100} days.

**(4) OPTIONAL BENEFIT BY ENDORSEMENT:** The following optional benefit is available for an additional premium. This benefit, if purchased, will be added as an endorsement to the policy:

Simple Inflation Protection: Your original Daily Amount will increase by either 3% or 5% each year on your policy anniversary date, as selected by you on your application. Your premium will not increase with the increase in your Daily Amount, subject to our limited right to increase premiums.

**(5) ELIGIBILITY FOR BENEFITS:** Benefits under the policy are to be paid only when you are determined to be eligible for benefits.

You are eligible for benefits under the policy when we receive Eligibility Documentation which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition, benefits will be payable to you only when:

- a) Your eligibility for benefits begins while the policy is in force; and
- b) The services you receive are in keeping with your Plan of Care.

**(6) ELIGIBILITY DOCUMENTATION:**  
**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:** If the Nursing Home in which you reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive MDS Assessment, we must be provided with a completed Comprehensive MDS Assessment verifying your eligibility for benefits under the policy. A Comprehensive MDS Assessment will be completed by the Nursing Home staff within the initial fourteen (14) days of your stay.

**ASSESSMENT:** We must be provided with a written Assessment performed by an Assessment Provider that verifies your eligibility for benefits:

- a) If the Nursing Home in which you reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If you reside in an Assisted Living Facility or Hospice Care Facility; or
- c) If you require the need for Home Care Services.

We will pay all costs associated with the performance of an Assessment.

**PLAN OF CARE:** When you are eligible for Facility Care Benefits or Home Care Benefits, a Plan of Care will be developed by you and a Care Planner. A Plan of Care is not required for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by you and the Care Planner as required to reflect changes in your functional or cognitive abilities and your care service needs.

We will pay all costs associated with the development of your Plan of Care and any changes to your Plan of Care.

### (7) IMPORTANT DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING (ADLs):

- a) Bathing – Your ability to wash yourself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing your hair or back.
- b) Continence – Your ability to maintain control of bowel and bladder function; or when you are unable to maintain control of bowel or bladder function, your ability to perform associated personal hygiene, including caring for a catheter or a colostomy bag.
- c) Dressing – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.
- d) Eating – Your ability to feed yourself by getting food into your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

- e) Toileting – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
- f) Transferring – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower.

**ASSESSMENT:** A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if you are eligible for benefits.

**ASSESSMENT PROVIDER:** An agency, entity or a person designated and approved by us to perform an Assessment. A person assigned to perform an Assessment will be a licensed health care practitioner.

**ASSISTED LIVING FACILITY:** A place which is a separate facility or distinct part of a health care facility or rehabilitation facility, which is licensed by the state, is operating pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that include three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide the services and care;
- d) Has formal arrangements with a physician or nurse to furnish medical care in emergencies, and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, personal care facility or adult foster home.

**CARE PLANNER:** Means a licensed health care practitioner employed or contracted by us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

## Outline of Coverage

**COGNITIVE IMPAIRMENT:** The deterioration or loss of your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in your need for the continual assistance or supervision by another person to properly care for yourself, including supervision and assistance that is necessary to protect you from threats to your health or safety or the health and safety of others.

**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:**

A clinical assessment, developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs) Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

**ELIGIBLE CHARGES:** Those expenses for services provided to You in keeping with your Plan of Care and that you are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility; or as a recipient of Home Care Services.

Eligible Charges are limited to your Daily Amount and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by you for your appearance, comfort, convenience or entertainment.

**HANDS-ON ASSISTANCE:** The continual physical assistance of another person without which you would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

**HOME:** The place that you maintain as an independent residence or that a member of your immediate family with whom you live maintains as an independent residence. Your Home is not a hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.

**HOME CARE PROVIDER:** An organization or agency licensed by your state to provide Home Care Services, and operates under that license according to law; or, if licensing is not required, is an organization, agency or person approved by us to provide Home Care Services to you.

A Home Care Provider cannot be a member of your immediate family and must not have a financial interest or relationship with you or any member of your immediate family, other than an arrangement to provide Home Care Services.

**HOME CARE SERVICES:** Professional and personal care services you receive from a Home Care Provider in your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services for one or more of the following personal support services provided to you: meal preparation; laundry; light housekeeping; shopping for food, medications or medical supplies; and, transportation to and from appointments.

**HOSPICE CARE FACILITY:** A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

**MAXIMUM BENEFIT PERIOD:** The total number of days for which we will pay benefits under the policy. The Maximum Benefit Period will be reduced by one day for each day we pay Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision.

**NURSING CARE SERVICES:** Those services which are performed under orders of a physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

**NURSING HOME:** A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home or rehabilitation facility, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.



## Outline of Coverage

**PLAN OF CARE:** A written individualized plan of services that specifies your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services you receive. Your Plan of Care may contain services which you choose to receive but which are not covered services payable under the policy, including informal care provided by family or friends.

**WAITING PERIOD:** The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which you receive Home Care Services, required before benefits are payable. You need to satisfy your waiting period only once during your lifetime.

### **(8) LIMITATIONS AND EXCLUSIONS:**

**Pre-existing Condition Limitation:** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of your policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within six (6) months prior to the Effective Date of your policy.

The policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to you;
- e) Caused by a self-inflicted injury or attempted suicide, whether you are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which you are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to you by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or Home Care Provider;
- i) For services and supplies not included in your Plan of Care or your Itemized Billing Statement;
- j) For services provided to you by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

### **(9) GUARANTEED RENEWABILITY OF THE POLICY:**

You have the right to continue your policy as long as you pay your premiums when due.

**(10) PREMIUM:** The total annual premium for your policy, including any endorsement, is shown on the Policy Schedule.

We will not change the premium for your policy during your first year of coverage. Thereafter, we reserve the right to change premium rates for all policies of the same class. We will notify you at least 31 days before any premium change.

**THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. IT IS NOT AN INSURANCE CONTRACT. PLEASE CONSULT THE POLICY TO DETERMINE ALL GOVERNING CONTRACTUAL PROVISIONS, INCLUDING ANY LIMITATIONS OR EXCLUSIONS. PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.**

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**EQUITABLE LIFE & CASUALTY  
INSURANCE COMPANY  
3 Triad Center  
Salt Lake City, UT 84180-1200**

**SAVE THIS NOTICE! IT MAY BE IMPORTANT  
TO YOU IN THE FUTURE!**

**NOTICE TO APPLICANT REGARDING REPLACEMENT  
OF ACCIDENT AND SICKNESS INSURANCE**

According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by Equitable Life & Casualty Insurance Company. Your new policy provides thirty days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

- (1) Health conditions which you may presently have, (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits present under the new policy, whereas a similar claim might have been payable under your present policy.
- (2) You may wish to secure the advice of your present insurer or its agents regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.
- (3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, read the copy of the application attached to your new policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to Equitable Life & Casualty Insurance Company, 3 Triad Center, Salt Lake City, UT 84180-1200, within ten days if any information is not correct and complete, or if any past medical history has been left out of the application.



<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Electronic
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Equitable Life & Casualty Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State:	Arkansas	Filing Company:	Equitable Life & Casualty Insurance Company
TOI/Sub-TOI:	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
Product Name:	Short Term Care		
Project Name/Number:	Short Term Care/792		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved 07/27/2012	Premium Rates	792	New		55% 792 Rates Only.pdf
2	Approved 07/27/2012	Premium Rates	792 FC	New		792 FC (55%) Rates Only.pdf

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 0 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	11.10	\$ 20.30	\$ 9.20	\$ 26.40	\$ 15.30
51	\$	11.70	\$ 21.20	\$ 9.50	\$ 27.60	\$ 15.90
52	\$	12.40	\$ 22.20	\$ 9.80	\$ 28.80	\$ 16.40
53	\$	13.10	\$ 23.20	\$ 10.10	\$ 30.00	\$ 16.90
54	\$	13.90	\$ 24.40	\$ 10.50	\$ 31.30	\$ 17.40
55	\$	14.70	\$ 25.50	\$ 10.80	\$ 32.70	\$ 18.00
56	\$	15.50	\$ 26.70	\$ 11.20	\$ 34.10	\$ 18.60
57	\$	16.50	\$ 28.00	\$ 11.50	\$ 35.60	\$ 19.10
58	\$	17.50	\$ 29.30	\$ 11.80	\$ 37.20	\$ 19.70
59	\$	18.60	\$ 30.70	\$ 12.10	\$ 38.90	\$ 20.30
60	\$	19.70	\$ 32.10	\$ 12.40	\$ 40.40	\$ 20.70
61	\$	21.00	\$ 33.80	\$ 12.80	\$ 42.20	\$ 21.20
62	\$	22.50	\$ 35.50	\$ 13.00	\$ 44.30	\$ 21.80
63	\$	24.10	\$ 37.50	\$ 13.40	\$ 46.50	\$ 22.40
64	\$	26.00	\$ 39.80	\$ 13.80	\$ 49.10	\$ 23.10
65	\$	28.10	\$ 42.20	\$ 14.10	\$ 51.60	\$ 23.50
66	\$	30.60	\$ 45.20	\$ 14.60	\$ 54.90	\$ 24.30
67	\$	33.50	\$ 48.70	\$ 15.20	\$ 58.70	\$ 25.20
68	\$	36.90	\$ 52.70	\$ 15.80	\$ 63.20	\$ 26.30
69	\$	40.80	\$ 57.30	\$ 16.50	\$ 68.30	\$ 27.50
70	\$	45.30	\$ 62.10	\$ 16.80	\$ 73.00	\$ 27.70
71	\$	50.30	\$ 67.60	\$ 17.30	\$ 79.20	\$ 28.90
72	\$	55.80	\$ 74.00	\$ 18.20	\$ 86.10	\$ 30.30
73	\$	61.40	\$ 80.30	\$ 18.90	\$ 93.00	\$ 31.60
74	\$	66.80	\$ 86.40	\$ 19.60	\$ 99.50	\$ 32.70
75	\$	71.90	\$ 91.70	\$ 19.80	\$ 104.90	\$ 33.00
76	\$	76.20	\$ 96.10	\$ 19.90	\$ 109.30	\$ 33.10
77	\$	80.80	\$ 100.70	\$ 19.90	\$ 114.00	\$ 33.20
78	\$	86.60	\$ 106.90	\$ 20.30	\$ 120.40	\$ 33.80
79	\$	94.50	\$ 115.50	\$ 21.00	\$ 129.50	\$ 35.00
80	\$	105.40	\$ 126.50	\$ 21.10	\$ 140.70	\$ 35.30
81	\$	118.80	\$ 141.40	\$ 22.60	\$ 156.50	\$ 37.70
82	\$	134.30	\$ 158.60	\$ 24.30	\$ 174.80	\$ 40.50
83	\$	151.40	\$ 177.50	\$ 26.10	\$ 194.90	\$ 43.50
84	\$	169.50	\$ 197.30	\$ 27.80	\$ 215.80	\$ 46.30

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 0 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	16.00	\$ 29.40	\$ 13.40	\$ 38.20	\$ 22.20
51	\$	17.00	\$ 30.80	\$ 13.80	\$ 39.90	\$ 22.90
52	\$	17.90	\$ 32.20	\$ 14.30	\$ 41.60	\$ 23.70
53	\$	19.00	\$ 33.60	\$ 14.60	\$ 43.40	\$ 24.40
54	\$	20.10	\$ 35.20	\$ 15.10	\$ 45.40	\$ 25.30
55	\$	21.30	\$ 36.90	\$ 15.60	\$ 47.40	\$ 26.10
56	\$	22.50	\$ 38.60	\$ 16.10	\$ 49.40	\$ 26.90
57	\$	23.90	\$ 40.50	\$ 16.60	\$ 51.60	\$ 27.70
58	\$	25.30	\$ 42.40	\$ 17.10	\$ 53.90	\$ 28.60
59	\$	26.90	\$ 44.50	\$ 17.60	\$ 56.20	\$ 29.30
60	\$	28.50	\$ 46.40	\$ 17.90	\$ 58.40	\$ 29.90
61	\$	30.40	\$ 48.90	\$ 18.50	\$ 61.10	\$ 30.70
62	\$	32.50	\$ 51.40	\$ 18.90	\$ 64.10	\$ 31.60
63	\$	34.90	\$ 54.30	\$ 19.40	\$ 67.30	\$ 32.40
64	\$	37.60	\$ 57.60	\$ 20.00	\$ 71.00	\$ 33.40
65	\$	40.70	\$ 61.10	\$ 20.40	\$ 74.60	\$ 33.90
66	\$	44.30	\$ 65.40	\$ 21.10	\$ 79.40	\$ 35.10
67	\$	48.50	\$ 70.40	\$ 21.90	\$ 85.00	\$ 36.50
68	\$	53.40	\$ 76.20	\$ 22.80	\$ 91.40	\$ 38.00
69	\$	59.00	\$ 82.90	\$ 23.90	\$ 98.80	\$ 39.80
70	\$	65.50	\$ 89.80	\$ 24.30	\$ 105.70	\$ 40.20
71	\$	72.80	\$ 97.90	\$ 25.10	\$ 114.60	\$ 41.80
72	\$	80.70	\$ 107.10	\$ 26.40	\$ 124.60	\$ 43.90
73	\$	88.80	\$ 116.30	\$ 27.50	\$ 134.60	\$ 45.80
74	\$	96.70	\$ 125.10	\$ 28.40	\$ 144.00	\$ 47.30
75	\$	104.00	\$ 132.70	\$ 28.70	\$ 151.80	\$ 47.80
76	\$	110.30	\$ 139.00	\$ 28.70	\$ 158.20	\$ 47.90
77	\$	116.90	\$ 145.80	\$ 28.90	\$ 165.00	\$ 48.10
78	\$	125.30	\$ 154.70	\$ 29.40	\$ 174.20	\$ 48.90
79	\$	136.80	\$ 167.20	\$ 30.40	\$ 187.50	\$ 50.70
80	\$	152.50	\$ 183.20	\$ 30.70	\$ 203.60	\$ 51.10
81	\$	171.90	\$ 204.70	\$ 32.80	\$ 226.60	\$ 54.70
82	\$	194.40	\$ 229.60	\$ 35.20	\$ 253.10	\$ 58.70
83	\$	219.10	\$ 256.90	\$ 37.80	\$ 282.10	\$ 63.00
84	\$	245.30	\$ 285.50	\$ 40.20	\$ 312.30	\$ 67.00

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 0 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	20.40	\$	37.40	\$	48.70
51	\$	21.60	\$	39.10	\$	50.80
52	\$	22.80	\$	40.90	\$	53.00
53	\$	24.10	\$	42.80	\$	55.30
54	\$	25.60	\$	44.90	\$	57.70
55	\$	27.10	\$	47.00	\$	60.30
56	\$	28.60	\$	49.20	\$	62.90
57	\$	30.40	\$	51.60	\$	65.70
58	\$	32.20	\$	54.00	\$	68.50
59	\$	34.20	\$	56.60	\$	71.60
60	\$	36.30	\$	59.10	\$	74.30
61	\$	38.70	\$	62.20	\$	77.80
62	\$	41.40	\$	65.50	\$	81.50
63	\$	44.40	\$	69.10	\$	85.60
64	\$	47.80	\$	73.40	\$	90.40
65	\$	51.80	\$	77.70	\$	95.00
66	\$	56.40	\$	83.20	\$	101.10
67	\$	61.80	\$	89.60	\$	108.20
68	\$	68.00	\$	97.00	\$	116.40
69	\$	75.10	\$	105.50	\$	125.70
70	\$	83.40	\$	114.30	\$	134.50
71	\$	92.70	\$	124.60	\$	145.90
72	\$	102.80	\$	136.30	\$	158.60
73	\$	113.00	\$	148.00	\$	171.30
74	\$	123.10	\$	159.20	\$	183.30
75	\$	132.40	\$	168.90	\$	193.20
76	\$	140.40	\$	176.90	\$	201.30
77	\$	148.80	\$	185.50	\$	210.00
78	\$	159.50	\$	196.80	\$	221.70
79	\$	174.10	\$	212.80	\$	238.60
80	\$	194.10	\$	233.10	\$	259.10
81	\$	218.80	\$	260.50	\$	288.40
82	\$	247.40	\$	292.20	\$	322.10
83	\$	278.80	\$	326.90	\$	359.00
84	\$	312.20	\$	363.40	\$	397.50

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 0 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	25.10	\$ 45.90	\$ 20.80	\$ 59.80	\$ 34.70
51	\$	26.50	\$ 48.10	\$ 21.60	\$ 62.50	\$ 36.00
52	\$	28.00	\$ 50.30	\$ 22.30	\$ 65.10	\$ 37.10
53	\$	29.60	\$ 52.60	\$ 23.00	\$ 67.90	\$ 38.30
54	\$	31.40	\$ 55.10	\$ 23.70	\$ 70.90	\$ 39.50
55	\$	33.30	\$ 57.70	\$ 24.40	\$ 74.10	\$ 40.80
56	\$	35.20	\$ 60.40	\$ 25.20	\$ 77.20	\$ 42.00
57	\$	37.30	\$ 63.30	\$ 26.00	\$ 80.70	\$ 43.40
58	\$	39.60	\$ 66.40	\$ 26.80	\$ 84.20	\$ 44.60
59	\$	42.00	\$ 69.60	\$ 27.60	\$ 87.90	\$ 45.90
60	\$	44.60	\$ 72.60	\$ 28.00	\$ 91.30	\$ 46.70
61	\$	47.50	\$ 76.40	\$ 28.90	\$ 95.60	\$ 48.10
62	\$	50.80	\$ 80.40	\$ 29.60	\$ 100.20	\$ 49.40
63	\$	54.50	\$ 84.90	\$ 30.40	\$ 105.20	\$ 50.70
64	\$	58.80	\$ 90.10	\$ 31.30	\$ 111.00	\$ 52.20
65	\$	63.60	\$ 95.50	\$ 31.90	\$ 116.70	\$ 53.10
66	\$	69.30	\$ 102.30	\$ 33.00	\$ 124.20	\$ 54.90
67	\$	75.90	\$ 110.10	\$ 34.20	\$ 132.90	\$ 57.00
68	\$	83.50	\$ 119.20	\$ 35.70	\$ 143.00	\$ 59.50
69	\$	92.30	\$ 129.60	\$ 37.30	\$ 154.50	\$ 62.20
70	\$	102.40	\$ 140.50	\$ 38.10	\$ 165.30	\$ 62.90
71	\$	113.90	\$ 153.10	\$ 39.20	\$ 179.20	\$ 65.30
72	\$	126.20	\$ 167.40	\$ 41.20	\$ 194.90	\$ 68.70
73	\$	138.90	\$ 181.80	\$ 42.90	\$ 210.50	\$ 71.60
74	\$	151.20	\$ 195.60	\$ 44.40	\$ 225.20	\$ 74.00
75	\$	162.70	\$ 207.50	\$ 44.80	\$ 237.30	\$ 74.60
76	\$	172.40	\$ 217.40	\$ 45.00	\$ 247.40	\$ 75.00
77	\$	182.80	\$ 227.90	\$ 45.10	\$ 258.10	\$ 75.30
78	\$	195.90	\$ 241.80	\$ 45.90	\$ 272.40	\$ 76.50
79	\$	213.90	\$ 261.50	\$ 47.60	\$ 293.20	\$ 79.30
80	\$	238.40	\$ 286.40	\$ 48.00	\$ 318.30	\$ 79.90
81	\$	268.80	\$ 320.10	\$ 51.30	\$ 354.30	\$ 85.50
82	\$	303.90	\$ 359.00	\$ 55.10	\$ 395.70	\$ 91.80
83	\$	342.60	\$ 401.60	\$ 59.00	\$ 441.00	\$ 98.40
84	\$	383.50	\$ 446.50	\$ 63.00	\$ 488.40	\$ 104.90

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 0 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	29.10	\$ 53.40	\$ 24.30	\$ 69.50	\$ 40.40
51	\$	30.80	\$ 55.90	\$ 25.10	\$ 72.60	\$ 41.80
52	\$	32.60	\$ 58.50	\$ 25.90	\$ 75.70	\$ 43.10
53	\$	34.50	\$ 61.20	\$ 26.70	\$ 79.00	\$ 44.50
54	\$	36.50	\$ 64.10	\$ 27.60	\$ 82.50	\$ 46.00
55	\$	38.70	\$ 67.10	\$ 28.40	\$ 86.10	\$ 47.40
56	\$	40.90	\$ 70.30	\$ 29.40	\$ 89.80	\$ 48.90
57	\$	43.40	\$ 73.70	\$ 30.30	\$ 93.80	\$ 50.40
58	\$	46.00	\$ 77.20	\$ 31.20	\$ 97.90	\$ 51.90
59	\$	48.80	\$ 80.90	\$ 32.10	\$ 102.20	\$ 53.40
60	\$	51.80	\$ 84.50	\$ 32.70	\$ 106.20	\$ 54.40
61	\$	55.30	\$ 88.80	\$ 33.50	\$ 111.20	\$ 55.90
62	\$	59.10	\$ 93.50	\$ 34.40	\$ 116.50	\$ 57.40
63	\$	63.40	\$ 98.80	\$ 35.40	\$ 122.30	\$ 58.90
64	\$	68.30	\$ 104.80	\$ 36.50	\$ 129.10	\$ 60.80
65	\$	74.00	\$ 111.00	\$ 37.00	\$ 135.70	\$ 61.70
66	\$	80.60	\$ 118.90	\$ 38.30	\$ 144.50	\$ 63.90
67	\$	88.30	\$ 128.00	\$ 39.70	\$ 154.60	\$ 66.30
68	\$	97.10	\$ 138.60	\$ 41.50	\$ 166.20	\$ 69.10
69	\$	107.30	\$ 150.70	\$ 43.40	\$ 179.60	\$ 72.30
70	\$	119.10	\$ 163.30	\$ 44.20	\$ 192.20	\$ 73.10
71	\$	132.40	\$ 178.00	\$ 45.60	\$ 208.40	\$ 76.00
72	\$	146.80	\$ 194.70	\$ 47.90	\$ 226.60	\$ 79.80
73	\$	161.50	\$ 211.40	\$ 49.90	\$ 244.70	\$ 83.20
74	\$	175.80	\$ 227.40	\$ 51.60	\$ 261.80	\$ 86.00
75	\$	189.20	\$ 241.20	\$ 52.00	\$ 275.90	\$ 86.70
76	\$	200.50	\$ 252.80	\$ 52.30	\$ 287.60	\$ 87.10
77	\$	212.60	\$ 265.10	\$ 52.50	\$ 300.10	\$ 87.50
78	\$	227.80	\$ 281.20	\$ 53.40	\$ 316.80	\$ 89.00
79	\$	248.70	\$ 304.10	\$ 55.40	\$ 340.90	\$ 92.20
80	\$	277.30	\$ 333.00	\$ 55.70	\$ 370.20	\$ 92.90
81	\$	312.60	\$ 372.20	\$ 59.60	\$ 412.00	\$ 99.40
82	\$	353.40	\$ 417.40	\$ 64.00	\$ 460.10	\$ 106.70
83	\$	398.30	\$ 467.00	\$ 68.70	\$ 512.80	\$ 114.50
84	\$	446.00	\$ 519.20	\$ 73.20	\$ 567.90	\$ 121.90

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 0 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	33.90	\$ 62.10	\$ 28.20	\$ 80.90	\$ 47.00
51	\$	35.90	\$ 65.00	\$ 29.10	\$ 84.50	\$ 48.60
52	\$	37.90	\$ 68.00	\$ 30.10	\$ 88.00	\$ 50.10
53	\$	40.10	\$ 71.10	\$ 31.00	\$ 91.80	\$ 51.70
54	\$	42.50	\$ 74.50	\$ 32.00	\$ 95.90	\$ 53.40
55	\$	45.00	\$ 78.10	\$ 33.10	\$ 100.20	\$ 55.20
56	\$	47.60	\$ 81.70	\$ 34.10	\$ 104.40	\$ 56.80
57	\$	50.40	\$ 85.60	\$ 35.20	\$ 109.10	\$ 58.70
58	\$	53.50	\$ 89.70	\$ 36.20	\$ 113.90	\$ 60.40
59	\$	56.80	\$ 94.00	\$ 37.20	\$ 118.90	\$ 62.10
60	\$	60.20	\$ 98.20	\$ 38.00	\$ 123.50	\$ 63.30
61	\$	64.30	\$ 103.30	\$ 39.00	\$ 129.30	\$ 65.00
62	\$	68.70	\$ 108.80	\$ 40.10	\$ 135.50	\$ 66.80
63	\$	73.70	\$ 114.80	\$ 41.10	\$ 142.20	\$ 68.50
64	\$	79.50	\$ 121.80	\$ 42.30	\$ 150.10	\$ 70.60
65	\$	86.10	\$ 129.10	\$ 43.00	\$ 157.80	\$ 71.70
66	\$	93.70	\$ 138.30	\$ 44.60	\$ 168.00	\$ 74.30
67	\$	102.60	\$ 148.90	\$ 46.30	\$ 179.70	\$ 77.10
68	\$	112.90	\$ 161.20	\$ 48.30	\$ 193.30	\$ 80.40
69	\$	124.80	\$ 175.30	\$ 50.50	\$ 208.90	\$ 84.10
70	\$	138.50	\$ 189.90	\$ 51.40	\$ 223.50	\$ 85.00
71	\$	154.00	\$ 207.00	\$ 53.00	\$ 242.30	\$ 88.30
72	\$	170.70	\$ 226.40	\$ 55.70	\$ 263.50	\$ 92.80
73	\$	187.70	\$ 245.80	\$ 58.10	\$ 284.60	\$ 96.90
74	\$	204.40	\$ 264.40	\$ 60.00	\$ 304.40	\$ 100.00
75	\$	219.90	\$ 280.50	\$ 60.60	\$ 320.90	\$ 101.00
76	\$	233.20	\$ 293.90	\$ 60.70	\$ 334.50	\$ 101.30
77	\$	247.20	\$ 308.20	\$ 61.00	\$ 348.90	\$ 101.70
78	\$	264.90	\$ 327.00	\$ 62.10	\$ 368.30	\$ 103.40
79	\$	289.20	\$ 353.50	\$ 64.30	\$ 396.40	\$ 107.20
80	\$	322.40	\$ 387.20	\$ 64.80	\$ 430.40	\$ 108.00
81	\$	363.50	\$ 432.80	\$ 69.30	\$ 479.00	\$ 115.50
82	\$	410.90	\$ 485.40	\$ 74.50	\$ 535.00	\$ 124.10
83	\$	463.20	\$ 543.00	\$ 79.80	\$ 596.30	\$ 133.10
84	\$	518.60	\$ 603.70	\$ 85.10	\$ 660.30	\$ 141.70



## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 15 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	10.20	\$ 18.70	\$ 8.50	\$ 24.30	\$ 14.10
51	\$	10.80	\$ 19.50	\$ 8.70	\$ 25.40	\$ 14.60
52	\$	11.40	\$ 20.40	\$ 9.00	\$ 26.50	\$ 15.10
53	\$	12.10	\$ 21.40	\$ 9.30	\$ 27.60	\$ 15.50
54	\$	12.80	\$ 22.40	\$ 9.60	\$ 28.80	\$ 16.00
55	\$	13.50	\$ 23.50	\$ 10.00	\$ 30.10	\$ 16.60
56	\$	14.30	\$ 24.60	\$ 10.30	\$ 31.40	\$ 17.10
57	\$	15.20	\$ 25.70	\$ 10.50	\$ 32.80	\$ 17.60
58	\$	16.10	\$ 27.00	\$ 10.90	\$ 34.20	\$ 18.10
59	\$	17.10	\$ 28.30	\$ 11.20	\$ 35.70	\$ 18.60
60	\$	18.10	\$ 29.50	\$ 11.40	\$ 37.10	\$ 19.00
61	\$	19.30	\$ 31.10	\$ 11.80	\$ 38.90	\$ 19.60
62	\$	20.70	\$ 32.70	\$ 12.00	\$ 40.70	\$ 20.00
63	\$	22.20	\$ 34.50	\$ 12.30	\$ 42.80	\$ 20.60
64	\$	23.90	\$ 36.60	\$ 12.70	\$ 45.10	\$ 21.20
65	\$	25.90	\$ 38.80	\$ 12.90	\$ 47.40	\$ 21.50
66	\$	28.20	\$ 41.60	\$ 13.40	\$ 50.50	\$ 22.30
67	\$	30.90	\$ 44.80	\$ 13.90	\$ 54.00	\$ 23.10
68	\$	33.90	\$ 48.50	\$ 14.60	\$ 58.10	\$ 24.20
69	\$	37.50	\$ 52.70	\$ 15.20	\$ 62.80	\$ 25.30
70	\$	41.60	\$ 57.10	\$ 15.50	\$ 67.20	\$ 25.60
71	\$	46.30	\$ 62.20	\$ 15.90	\$ 72.90	\$ 26.60
72	\$	51.30	\$ 68.10	\$ 16.80	\$ 79.20	\$ 27.90
73	\$	56.40	\$ 73.90	\$ 17.50	\$ 85.60	\$ 29.20
74	\$	61.50	\$ 79.50	\$ 18.00	\$ 91.50	\$ 30.00
75	\$	66.10	\$ 84.30	\$ 18.20	\$ 96.50	\$ 30.40
76	\$	70.10	\$ 88.40	\$ 18.30	\$ 100.60	\$ 30.50
77	\$	74.30	\$ 92.70	\$ 18.40	\$ 104.90	\$ 30.60
78	\$	79.60	\$ 98.30	\$ 18.70	\$ 110.70	\$ 31.10
79	\$	87.00	\$ 106.30	\$ 19.30	\$ 119.20	\$ 32.20
80	\$	96.90	\$ 116.40	\$ 19.50	\$ 129.40	\$ 32.50
81	\$	109.30	\$ 130.10	\$ 20.80	\$ 144.00	\$ 34.70
82	\$	123.50	\$ 145.90	\$ 22.40	\$ 160.90	\$ 37.40
83	\$	139.30	\$ 163.30	\$ 24.00	\$ 179.30	\$ 40.00
84	\$	155.90	\$ 181.50	\$ 25.60	\$ 198.50	\$ 42.60

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 15 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	14.70	\$ 27.00	\$ 12.30	\$ 35.20	\$ 20.50
51	\$	15.60	\$ 28.30	\$ 12.70	\$ 36.80	\$ 21.20
52	\$	16.50	\$ 29.60	\$ 13.10	\$ 38.30	\$ 21.80
53	\$	17.40	\$ 31.00	\$ 13.60	\$ 40.00	\$ 22.60
54	\$	18.50	\$ 32.40	\$ 13.90	\$ 41.70	\$ 23.20
55	\$	19.60	\$ 34.00	\$ 14.40	\$ 43.60	\$ 24.00
56	\$	20.70	\$ 35.60	\$ 14.90	\$ 45.40	\$ 24.70
57	\$	22.00	\$ 37.30	\$ 15.30	\$ 47.50	\$ 25.50
58	\$	23.30	\$ 39.00	\$ 15.70	\$ 49.50	\$ 26.20
59	\$	24.70	\$ 40.90	\$ 16.20	\$ 51.70	\$ 27.00
60	\$	26.20	\$ 42.70	\$ 16.50	\$ 53.70	\$ 27.50
61	\$	28.00	\$ 44.90	\$ 16.90	\$ 56.30	\$ 28.30
62	\$	29.90	\$ 47.30	\$ 17.40	\$ 58.90	\$ 29.00
63	\$	32.10	\$ 50.00	\$ 17.90	\$ 61.90	\$ 29.80
64	\$	34.60	\$ 53.00	\$ 18.40	\$ 65.30	\$ 30.70
65	\$	37.40	\$ 56.20	\$ 18.80	\$ 68.70	\$ 31.30
66	\$	40.80	\$ 60.20	\$ 19.40	\$ 73.10	\$ 32.30
67	\$	44.70	\$ 64.80	\$ 20.10	\$ 78.20	\$ 33.50
68	\$	49.10	\$ 70.10	\$ 21.00	\$ 84.10	\$ 35.00
69	\$	54.30	\$ 76.30	\$ 22.00	\$ 90.90	\$ 36.60
70	\$	60.30	\$ 82.60	\$ 22.30	\$ 97.30	\$ 37.00
71	\$	67.00	\$ 90.10	\$ 23.10	\$ 105.50	\$ 38.50
72	\$	74.30	\$ 98.50	\$ 24.20	\$ 114.70	\$ 40.40
73	\$	81.70	\$ 107.00	\$ 25.30	\$ 123.80	\$ 42.10
74	\$	89.00	\$ 115.10	\$ 26.10	\$ 132.50	\$ 43.50
75	\$	95.70	\$ 122.10	\$ 26.40	\$ 139.60	\$ 43.90
76	\$	101.50	\$ 127.90	\$ 26.40	\$ 145.50	\$ 44.00
77	\$	107.60	\$ 134.10	\$ 26.50	\$ 151.80	\$ 44.20
78	\$	115.30	\$ 142.30	\$ 27.00	\$ 160.30	\$ 45.00
79	\$	125.90	\$ 153.80	\$ 27.90	\$ 172.50	\$ 46.60
80	\$	140.30	\$ 168.50	\$ 28.20	\$ 187.30	\$ 47.00
81	\$	158.20	\$ 188.30	\$ 30.10	\$ 208.50	\$ 50.30
82	\$	178.80	\$ 211.20	\$ 32.40	\$ 232.80	\$ 54.00
83	\$	201.60	\$ 236.30	\$ 34.70	\$ 259.50	\$ 57.90
84	\$	225.70	\$ 262.70	\$ 37.00	\$ 287.40	\$ 61.70

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 15 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	18.80	\$ 34.40	\$ 15.60	\$ 44.80	\$ 26.00
51	\$	19.90	\$ 36.00	\$ 16.10	\$ 46.80	\$ 26.90
52	\$	21.00	\$ 37.70	\$ 16.70	\$ 48.80	\$ 27.80
53	\$	22.20	\$ 39.40	\$ 17.20	\$ 50.90	\$ 28.70
54	\$	23.50	\$ 41.30	\$ 17.80	\$ 53.10	\$ 29.60
55	\$	24.90	\$ 43.20	\$ 18.30	\$ 55.50	\$ 30.60
56	\$	26.40	\$ 45.20	\$ 18.80	\$ 57.80	\$ 31.40
57	\$	27.90	\$ 47.40	\$ 19.50	\$ 60.40	\$ 32.50
58	\$	29.60	\$ 49.70	\$ 20.10	\$ 63.10	\$ 33.50
59	\$	31.50	\$ 52.10	\$ 20.60	\$ 65.80	\$ 34.30
60	\$	33.40	\$ 54.40	\$ 21.00	\$ 68.40	\$ 35.00
61	\$	35.60	\$ 57.20	\$ 21.60	\$ 71.60	\$ 36.00
62	\$	38.10	\$ 60.20	\$ 22.10	\$ 75.00	\$ 36.90
63	\$	40.80	\$ 63.60	\$ 22.80	\$ 78.80	\$ 38.00
64	\$	44.00	\$ 67.50	\$ 23.50	\$ 83.10	\$ 39.10
65	\$	47.70	\$ 71.50	\$ 23.80	\$ 87.40	\$ 39.70
66	\$	51.90	\$ 76.60	\$ 24.70	\$ 93.00	\$ 41.10
67	\$	56.80	\$ 82.50	\$ 25.70	\$ 99.50	\$ 42.70
68	\$	62.50	\$ 89.30	\$ 26.80	\$ 107.10	\$ 44.60
69	\$	69.10	\$ 97.10	\$ 28.00	\$ 115.70	\$ 46.60
70	\$	76.70	\$ 105.20	\$ 28.50	\$ 123.80	\$ 47.10
71	\$	85.30	\$ 114.60	\$ 29.30	\$ 134.20	\$ 48.90
72	\$	94.50	\$ 125.40	\$ 30.90	\$ 145.90	\$ 51.40
73	\$	104.00	\$ 136.10	\$ 32.10	\$ 157.60	\$ 53.60
74	\$	113.20	\$ 146.40	\$ 33.20	\$ 168.60	\$ 55.40
75	\$	121.80	\$ 155.40	\$ 33.60	\$ 177.70	\$ 55.90
76	\$	129.10	\$ 162.80	\$ 33.70	\$ 185.20	\$ 56.10
77	\$	136.90	\$ 170.70	\$ 33.80	\$ 193.20	\$ 56.30
78	\$	146.70	\$ 181.10	\$ 34.40	\$ 204.00	\$ 57.30
79	\$	160.20	\$ 195.80	\$ 35.60	\$ 219.60	\$ 59.40
80	\$	178.60	\$ 214.50	\$ 35.90	\$ 238.40	\$ 59.80
81	\$	201.30	\$ 239.70	\$ 38.40	\$ 265.30	\$ 64.00
82	\$	227.60	\$ 268.80	\$ 41.20	\$ 296.30	\$ 68.70
83	\$	256.50	\$ 300.80	\$ 44.30	\$ 330.30	\$ 73.80
84	\$	287.20	\$ 334.30	\$ 47.10	\$ 365.70	\$ 78.50

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 15 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	23.00	\$ 42.20	\$ 19.20	\$ 55.00	\$ 32.00
51	\$	24.40	\$ 44.20	\$ 19.80	\$ 57.50	\$ 33.10
52	\$	25.80	\$ 46.30	\$ 20.50	\$ 59.90	\$ 34.10
53	\$	27.30	\$ 48.40	\$ 21.10	\$ 62.50	\$ 35.20
54	\$	28.90	\$ 50.70	\$ 21.80	\$ 65.30	\$ 36.40
55	\$	30.60	\$ 53.10	\$ 22.50	\$ 68.10	\$ 37.50
56	\$	32.40	\$ 55.60	\$ 23.20	\$ 71.10	\$ 38.70
57	\$	34.30	\$ 58.30	\$ 24.00	\$ 74.20	\$ 39.90
58	\$	36.40	\$ 61.00	\$ 24.60	\$ 77.50	\$ 41.10
59	\$	38.60	\$ 64.00	\$ 25.40	\$ 80.90	\$ 42.30
60	\$	41.00	\$ 66.80	\$ 25.80	\$ 84.00	\$ 43.00
61	\$	43.70	\$ 70.30	\$ 26.60	\$ 88.00	\$ 44.30
62	\$	46.80	\$ 74.00	\$ 27.20	\$ 92.20	\$ 45.40
63	\$	50.20	\$ 78.10	\$ 27.90	\$ 96.80	\$ 46.60
64	\$	54.10	\$ 82.90	\$ 28.80	\$ 102.10	\$ 48.00
65	\$	58.60	\$ 87.80	\$ 29.20	\$ 107.40	\$ 48.80
66	\$	63.80	\$ 94.10	\$ 30.30	\$ 114.30	\$ 50.50
67	\$	69.80	\$ 101.30	\$ 31.50	\$ 122.30	\$ 52.50
68	\$	76.80	\$ 109.70	\$ 32.90	\$ 131.50	\$ 54.70
69	\$	84.90	\$ 119.20	\$ 34.30	\$ 142.10	\$ 57.20
70	\$	94.20	\$ 129.20	\$ 35.00	\$ 152.10	\$ 57.90
71	\$	104.80	\$ 140.80	\$ 36.00	\$ 164.90	\$ 60.10
72	\$	116.10	\$ 154.00	\$ 37.90	\$ 179.30	\$ 63.20
73	\$	127.70	\$ 167.30	\$ 39.60	\$ 193.60	\$ 65.90
74	\$	139.10	\$ 179.90	\$ 40.80	\$ 207.10	\$ 68.00
75	\$	149.70	\$ 190.90	\$ 41.20	\$ 218.30	\$ 68.60
76	\$	158.70	\$ 200.00	\$ 41.30	\$ 227.60	\$ 68.90
77	\$	168.20	\$ 209.70	\$ 41.50	\$ 237.40	\$ 69.20
78	\$	180.20	\$ 222.50	\$ 42.30	\$ 250.60	\$ 70.40
79	\$	196.80	\$ 240.60	\$ 43.80	\$ 269.70	\$ 72.90
80	\$	219.40	\$ 263.50	\$ 44.10	\$ 292.90	\$ 73.50
81	\$	247.30	\$ 294.50	\$ 47.20	\$ 325.90	\$ 78.60
82	\$	279.60	\$ 330.30	\$ 50.70	\$ 364.00	\$ 84.40
83	\$	315.20	\$ 369.50	\$ 54.30	\$ 405.70	\$ 90.50
84	\$	352.90	\$ 410.80	\$ 57.90	\$ 449.30	\$ 96.40

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 15 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	26.80	\$ 49.10	\$ 22.30	\$ 64.00	\$ 37.20
51	\$	28.40	\$ 51.40	\$ 23.00	\$ 66.80	\$ 38.40
52	\$	30.00	\$ 53.80	\$ 23.80	\$ 69.70	\$ 39.70
53	\$	31.70	\$ 56.30	\$ 24.60	\$ 72.60	\$ 40.90
54	\$	33.60	\$ 59.00	\$ 25.40	\$ 75.90	\$ 42.30
55	\$	35.60	\$ 61.80	\$ 26.20	\$ 79.20	\$ 43.60
56	\$	37.60	\$ 64.60	\$ 27.00	\$ 82.60	\$ 45.00
57	\$	39.90	\$ 67.80	\$ 27.90	\$ 86.30	\$ 46.40
58	\$	42.30	\$ 71.00	\$ 28.70	\$ 90.10	\$ 47.80
59	\$	44.90	\$ 74.40	\$ 29.50	\$ 94.10	\$ 49.20
60	\$	47.70	\$ 77.70	\$ 30.00	\$ 97.70	\$ 50.00
61	\$	50.90	\$ 81.70	\$ 30.80	\$ 102.30	\$ 51.40
62	\$	54.40	\$ 86.10	\$ 31.70	\$ 107.20	\$ 52.80
63	\$	58.30	\$ 90.90	\$ 32.60	\$ 112.50	\$ 54.20
64	\$	62.90	\$ 96.40	\$ 33.50	\$ 118.80	\$ 55.90
65	\$	68.10	\$ 102.10	\$ 34.00	\$ 124.80	\$ 56.70
66	\$	74.20	\$ 109.40	\$ 35.20	\$ 132.90	\$ 58.70
67	\$	81.20	\$ 117.80	\$ 36.60	\$ 142.20	\$ 61.00
68	\$	89.30	\$ 127.50	\$ 38.20	\$ 152.90	\$ 63.60
69	\$	98.80	\$ 138.70	\$ 39.90	\$ 165.30	\$ 66.50
70	\$	109.60	\$ 150.30	\$ 40.70	\$ 176.80	\$ 67.20
71	\$	121.80	\$ 163.80	\$ 42.00	\$ 191.70	\$ 69.90
72	\$	135.00	\$ 179.10	\$ 44.10	\$ 208.50	\$ 73.50
73	\$	148.50	\$ 194.50	\$ 46.00	\$ 225.20	\$ 76.70
74	\$	161.70	\$ 209.20	\$ 47.50	\$ 240.90	\$ 79.20
75	\$	174.00	\$ 221.90	\$ 47.90	\$ 253.90	\$ 79.90
76	\$	184.50	\$ 232.60	\$ 48.10	\$ 264.60	\$ 80.10
77	\$	195.50	\$ 243.80	\$ 48.30	\$ 276.10	\$ 80.60
78	\$	209.60	\$ 258.70	\$ 49.10	\$ 291.40	\$ 81.80
79	\$	228.80	\$ 279.70	\$ 50.90	\$ 313.60	\$ 84.80
80	\$	255.10	\$ 306.40	\$ 51.30	\$ 340.60	\$ 85.50
81	\$	287.60	\$ 342.40	\$ 54.80	\$ 379.00	\$ 91.40
82	\$	325.10	\$ 384.00	\$ 58.90	\$ 423.30	\$ 98.20
83	\$	366.50	\$ 429.60	\$ 63.10	\$ 471.80	\$ 105.30
84	\$	410.30	\$ 477.60	\$ 67.30	\$ 522.50	\$ 112.20

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 15 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	31.20	\$	57.10	\$	74.40
51	\$	33.00	\$	59.80	\$	77.70
52	\$	34.90	\$	62.50	\$	81.00
53	\$	36.90	\$	65.40	\$	84.50
54	\$	39.10	\$	68.60	\$	88.20
55	\$	41.40	\$	71.80	\$	92.10
56	\$	43.80	\$	75.20	\$	96.10
57	\$	46.40	\$	78.80	\$	100.40
58	\$	49.20	\$	82.50	\$	104.80
59	\$	52.20	\$	86.50	\$	109.40
60	\$	55.40	\$	90.30	\$	113.60
61	\$	59.10	\$	95.00	\$	118.90
62	\$	63.20	\$	100.10	\$	124.60
63	\$	67.80	\$	105.70	\$	130.80
64	\$	73.10	\$	112.10	\$	138.10
65	\$	79.20	\$	118.80	\$	145.20
66	\$	86.20	\$	127.20	\$	154.50
67	\$	94.40	\$	137.00	\$	165.30
68	\$	103.90	\$	148.30	\$	177.80
69	\$	114.80	\$	161.20	\$	192.20
70	\$	127.40	\$	174.70	\$	205.60
71	\$	141.70	\$	190.40	\$	223.00
72	\$	157.00	\$	208.30	\$	242.40
73	\$	172.70	\$	226.20	\$	261.80
74	\$	188.10	\$	243.30	\$	280.10
75	\$	202.30	\$	258.10	\$	295.20
76	\$	214.50	\$	270.40	\$	307.70
77	\$	227.40	\$	283.50	\$	321.00
78	\$	243.70	\$	300.80	\$	338.90
79	\$	266.10	\$	325.30	\$	364.70
80	\$	296.60	\$	356.20	\$	396.00
81	\$	334.40	\$	398.20	\$	440.70
82	\$	378.10	\$	446.50	\$	492.20
83	\$	426.10	\$	499.60	\$	548.60
84	\$	477.10	\$	555.40	\$	607.50

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 30 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	9.70	\$ 17.80	\$ 8.10	\$ 23.30	\$ 13.60
51	\$	10.30	\$ 18.70	\$ 8.40	\$ 24.30	\$ 14.00
52	\$	10.90	\$ 19.60	\$ 8.70	\$ 25.30	\$ 14.40
53	\$	11.50	\$ 20.50	\$ 9.00	\$ 26.40	\$ 14.90
54	\$	12.20	\$ 21.40	\$ 9.20	\$ 27.60	\$ 15.40
55	\$	12.90	\$ 22.50	\$ 9.60	\$ 28.80	\$ 15.90
56	\$	13.70	\$ 23.50	\$ 9.80	\$ 30.00	\$ 16.30
57	\$	14.50	\$ 24.60	\$ 10.10	\$ 31.40	\$ 16.90
58	\$	15.40	\$ 25.80	\$ 10.40	\$ 32.70	\$ 17.30
59	\$	16.30	\$ 27.00	\$ 10.70	\$ 34.20	\$ 17.90
60	\$	17.30	\$ 28.20	\$ 10.90	\$ 35.50	\$ 18.20
61	\$	18.50	\$ 29.70	\$ 11.20	\$ 37.20	\$ 18.70
62	\$	19.80	\$ 31.30	\$ 11.50	\$ 39.00	\$ 19.20
63	\$	21.20	\$ 33.00	\$ 11.80	\$ 40.90	\$ 19.70
64	\$	22.90	\$ 35.00	\$ 12.10	\$ 43.20	\$ 20.30
65	\$	24.70	\$ 37.10	\$ 12.40	\$ 45.40	\$ 20.70
66	\$	27.00	\$ 39.80	\$ 12.80	\$ 48.30	\$ 21.30
67	\$	29.50	\$ 42.80	\$ 13.30	\$ 51.70	\$ 22.20
68	\$	32.50	\$ 46.30	\$ 13.80	\$ 55.60	\$ 23.10
69	\$	35.90	\$ 50.40	\$ 14.50	\$ 60.10	\$ 24.20
70	\$	39.80	\$ 54.60	\$ 14.80	\$ 64.30	\$ 24.50
71	\$	44.30	\$ 59.50	\$ 15.20	\$ 69.70	\$ 25.40
72	\$	49.10	\$ 65.10	\$ 16.00	\$ 75.80	\$ 26.70
73	\$	54.00	\$ 70.70	\$ 16.70	\$ 81.80	\$ 27.80
74	\$	58.80	\$ 76.00	\$ 17.20	\$ 87.50	\$ 28.70
75	\$	63.30	\$ 80.70	\$ 17.40	\$ 92.30	\$ 29.00
76	\$	67.10	\$ 84.50	\$ 17.40	\$ 96.20	\$ 29.10
77	\$	71.10	\$ 88.60	\$ 17.50	\$ 100.30	\$ 29.20
78	\$	76.20	\$ 94.00	\$ 17.80	\$ 105.90	\$ 29.70
79	\$	83.20	\$ 101.70	\$ 18.50	\$ 114.00	\$ 30.80
80	\$	92.70	\$ 111.40	\$ 18.70	\$ 123.80	\$ 31.10
81	\$	104.50	\$ 124.50	\$ 20.00	\$ 137.80	\$ 33.30
82	\$	118.20	\$ 139.60	\$ 21.40	\$ 153.90	\$ 35.70
83	\$	133.20	\$ 156.20	\$ 23.00	\$ 171.50	\$ 38.30
84	\$	149.10	\$ 173.60	\$ 24.50	\$ 189.90	\$ 40.80

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 30 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	14.10	\$ 25.80	\$ 11.70	\$ 33.70	\$ 19.60
51	\$	14.90	\$ 27.10	\$ 12.20	\$ 35.20	\$ 20.30
52	\$	15.80	\$ 28.30	\$ 12.50	\$ 36.60	\$ 20.80
53	\$	16.70	\$ 29.60	\$ 12.90	\$ 38.20	\$ 21.50
54	\$	17.70	\$ 31.00	\$ 13.30	\$ 39.90	\$ 22.20
55	\$	18.70	\$ 32.50	\$ 13.80	\$ 41.70	\$ 23.00
56	\$	19.80	\$ 34.00	\$ 14.20	\$ 43.50	\$ 23.70
57	\$	21.00	\$ 35.60	\$ 14.60	\$ 45.40	\$ 24.40
58	\$	22.30	\$ 37.30	\$ 15.00	\$ 47.40	\$ 25.10
59	\$	23.60	\$ 39.10	\$ 15.50	\$ 49.50	\$ 25.90
60	\$	25.10	\$ 40.90	\$ 15.80	\$ 51.40	\$ 26.30
61	\$	26.80	\$ 43.00	\$ 16.20	\$ 53.80	\$ 27.00
62	\$	28.60	\$ 45.30	\$ 16.70	\$ 56.40	\$ 27.80
63	\$	30.70	\$ 47.80	\$ 17.10	\$ 59.20	\$ 28.50
64	\$	33.10	\$ 50.70	\$ 17.60	\$ 62.50	\$ 29.40
65	\$	35.80	\$ 53.70	\$ 17.90	\$ 65.70	\$ 29.90
66	\$	39.00	\$ 57.60	\$ 18.60	\$ 69.90	\$ 30.90
67	\$	42.70	\$ 62.00	\$ 19.30	\$ 74.80	\$ 32.10
68	\$	47.00	\$ 67.10	\$ 20.10	\$ 80.50	\$ 33.50
69	\$	52.00	\$ 72.90	\$ 20.90	\$ 86.90	\$ 34.90
70	\$	57.60	\$ 79.00	\$ 21.40	\$ 93.00	\$ 35.40
71	\$	64.10	\$ 86.20	\$ 22.10	\$ 100.90	\$ 36.80
72	\$	71.00	\$ 94.20	\$ 23.20	\$ 109.70	\$ 38.70
73	\$	78.10	\$ 102.30	\$ 24.20	\$ 118.50	\$ 40.40
74	\$	85.10	\$ 110.10	\$ 25.00	\$ 126.70	\$ 41.60
75	\$	91.50	\$ 116.80	\$ 25.30	\$ 133.60	\$ 42.10
76	\$	97.10	\$ 122.30	\$ 25.20	\$ 139.20	\$ 42.10
77	\$	102.90	\$ 128.30	\$ 25.40	\$ 145.20	\$ 42.30
78	\$	110.30	\$ 136.10	\$ 25.80	\$ 153.30	\$ 43.00
79	\$	120.40	\$ 147.20	\$ 26.80	\$ 165.00	\$ 44.60
80	\$	134.20	\$ 161.20	\$ 27.00	\$ 179.20	\$ 45.00
81	\$	151.30	\$ 180.10	\$ 28.80	\$ 199.40	\$ 48.10
82	\$	171.00	\$ 202.00	\$ 31.00	\$ 222.70	\$ 51.70
83	\$	192.80	\$ 226.00	\$ 33.20	\$ 248.20	\$ 55.40
84	\$	215.90	\$ 251.30	\$ 35.40	\$ 274.90	\$ 59.00



## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 30 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	17.90	\$ 32.90	\$ 15.00	\$ 42.80	\$ 24.90
51	\$	19.00	\$ 34.40	\$ 15.40	\$ 44.70	\$ 25.70
52	\$	20.10	\$ 36.00	\$ 15.90	\$ 46.60	\$ 26.50
53	\$	21.20	\$ 37.70	\$ 16.50	\$ 48.60	\$ 27.40
54	\$	22.50	\$ 39.50	\$ 17.00	\$ 50.80	\$ 28.30
55	\$	23.80	\$ 41.40	\$ 17.60	\$ 53.10	\$ 29.30
56	\$	25.20	\$ 43.30	\$ 18.10	\$ 55.30	\$ 30.10
57	\$	26.70	\$ 45.40	\$ 18.70	\$ 57.80	\$ 31.10
58	\$	28.30	\$ 47.50	\$ 19.20	\$ 60.30	\$ 32.00
59	\$	30.10	\$ 49.80	\$ 19.70	\$ 63.00	\$ 32.90
60	\$	31.90	\$ 52.00	\$ 20.10	\$ 65.40	\$ 33.50
61	\$	34.10	\$ 54.70	\$ 20.60	\$ 68.50	\$ 34.40
62	\$	36.40	\$ 57.60	\$ 21.20	\$ 71.80	\$ 35.40
63	\$	39.00	\$ 60.80	\$ 21.80	\$ 75.30	\$ 36.30
64	\$	42.10	\$ 64.60	\$ 22.50	\$ 79.50	\$ 37.40
65	\$	45.60	\$ 68.40	\$ 22.80	\$ 83.60	\$ 38.00
66	\$	49.70	\$ 73.30	\$ 23.60	\$ 89.00	\$ 39.30
67	\$	54.40	\$ 78.90	\$ 24.50	\$ 95.20	\$ 40.80
68	\$	59.80	\$ 85.40	\$ 25.60	\$ 102.40	\$ 42.60
69	\$	66.10	\$ 92.80	\$ 26.70	\$ 110.70	\$ 44.60
70	\$	73.40	\$ 100.60	\$ 27.20	\$ 118.40	\$ 45.00
71	\$	81.60	\$ 109.70	\$ 28.10	\$ 128.40	\$ 46.80
72	\$	90.40	\$ 119.90	\$ 29.50	\$ 139.60	\$ 49.20
73	\$	99.50	\$ 130.20	\$ 30.70	\$ 150.80	\$ 51.30
74	\$	108.30	\$ 140.10	\$ 31.80	\$ 161.30	\$ 53.00
75	\$	116.50	\$ 148.60	\$ 32.10	\$ 170.00	\$ 53.50
76	\$	123.50	\$ 155.70	\$ 32.20	\$ 177.20	\$ 53.70
77	\$	130.90	\$ 163.30	\$ 32.40	\$ 184.80	\$ 53.90
78	\$	140.30	\$ 173.20	\$ 32.90	\$ 195.10	\$ 54.80
79	\$	153.20	\$ 187.30	\$ 34.10	\$ 210.00	\$ 56.80
80	\$	170.80	\$ 205.10	\$ 34.30	\$ 228.00	\$ 57.20
81	\$	192.60	\$ 229.30	\$ 36.70	\$ 253.80	\$ 61.20
82	\$	217.70	\$ 257.10	\$ 39.40	\$ 283.40	\$ 65.70
83	\$	245.40	\$ 287.70	\$ 42.30	\$ 315.90	\$ 70.50
84	\$	274.70	\$ 319.80	\$ 45.10	\$ 349.80	\$ 75.10

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 30 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	22.00	\$ 40.40	\$ 18.40	\$ 52.60	\$ 30.60
51	\$	23.30	\$ 42.30	\$ 19.00	\$ 55.00	\$ 31.70
52	\$	24.70	\$ 44.30	\$ 19.60	\$ 57.30	\$ 32.60
53	\$	26.10	\$ 46.30	\$ 20.20	\$ 59.80	\$ 33.70
54	\$	27.60	\$ 48.50	\$ 20.90	\$ 62.40	\$ 34.80
55	\$	29.30	\$ 50.80	\$ 21.50	\$ 65.20	\$ 35.90
56	\$	31.00	\$ 53.20	\$ 22.20	\$ 68.00	\$ 37.00
57	\$	32.80	\$ 55.70	\$ 22.90	\$ 71.00	\$ 38.20
58	\$	34.80	\$ 58.40	\$ 23.60	\$ 74.10	\$ 39.30
59	\$	37.00	\$ 61.20	\$ 24.20	\$ 77.40	\$ 40.40
60	\$	39.20	\$ 63.90	\$ 24.70	\$ 80.40	\$ 41.20
61	\$	41.80	\$ 67.20	\$ 25.40	\$ 84.10	\$ 42.30
62	\$	44.70	\$ 70.80	\$ 26.10	\$ 88.20	\$ 43.50
63	\$	48.00	\$ 74.70	\$ 26.70	\$ 92.60	\$ 44.60
64	\$	51.70	\$ 79.30	\$ 27.60	\$ 97.70	\$ 46.00
65	\$	56.00	\$ 84.00	\$ 28.00	\$ 102.70	\$ 46.70
66	\$	61.00	\$ 90.00	\$ 29.00	\$ 109.30	\$ 48.30
67	\$	66.80	\$ 96.90	\$ 30.10	\$ 117.00	\$ 50.20
68	\$	73.50	\$ 104.90	\$ 31.40	\$ 125.80	\$ 52.30
69	\$	81.20	\$ 114.10	\$ 32.90	\$ 136.00	\$ 54.80
70	\$	90.10	\$ 123.60	\$ 33.50	\$ 145.50	\$ 55.40
71	\$	100.20	\$ 134.70	\$ 34.50	\$ 157.70	\$ 57.50
72	\$	111.10	\$ 147.30	\$ 36.20	\$ 171.50	\$ 60.40
73	\$	122.20	\$ 160.00	\$ 37.80	\$ 185.20	\$ 63.00
74	\$	133.00	\$ 172.10	\$ 39.10	\$ 198.10	\$ 65.10
75	\$	143.10	\$ 182.60	\$ 39.50	\$ 208.80	\$ 65.70
76	\$	151.80	\$ 191.30	\$ 39.50	\$ 217.70	\$ 65.90
77	\$	160.90	\$ 200.60	\$ 39.70	\$ 227.10	\$ 66.20
78	\$	172.40	\$ 212.80	\$ 40.40	\$ 239.70	\$ 67.30
79	\$	188.20	\$ 230.10	\$ 41.90	\$ 258.00	\$ 69.80
80	\$	209.80	\$ 252.00	\$ 42.20	\$ 280.10	\$ 70.30
81	\$	236.60	\$ 281.70	\$ 45.10	\$ 311.80	\$ 75.20
82	\$	267.50	\$ 315.90	\$ 48.40	\$ 348.20	\$ 80.70
83	\$	301.50	\$ 353.40	\$ 51.90	\$ 388.10	\$ 86.60
84	\$	337.50	\$ 392.90	\$ 55.40	\$ 429.80	\$ 92.30

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 30 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	25.60	\$ 47.00	\$ 21.40	\$ 61.20	\$ 35.60
51	\$	27.10	\$ 49.20	\$ 22.10	\$ 63.90	\$ 36.80
52	\$	28.70	\$ 51.50	\$ 22.80	\$ 66.60	\$ 37.90
53	\$	30.30	\$ 53.80	\$ 23.50	\$ 69.50	\$ 39.20
54	\$	32.10	\$ 56.40	\$ 24.30	\$ 72.60	\$ 40.50
55	\$	34.00	\$ 59.10	\$ 25.10	\$ 75.80	\$ 41.80
56	\$	36.00	\$ 61.80	\$ 25.80	\$ 79.00	\$ 43.00
57	\$	38.20	\$ 64.80	\$ 26.60	\$ 82.60	\$ 44.40
58	\$	40.50	\$ 67.90	\$ 27.40	\$ 86.20	\$ 45.70
59	\$	43.00	\$ 71.20	\$ 28.20	\$ 90.00	\$ 47.00
60	\$	45.60	\$ 74.30	\$ 28.70	\$ 93.50	\$ 47.90
61	\$	48.70	\$ 78.20	\$ 29.50	\$ 97.80	\$ 49.10
62	\$	52.00	\$ 82.30	\$ 30.30	\$ 102.50	\$ 50.50
63	\$	55.80	\$ 86.90	\$ 31.10	\$ 107.60	\$ 51.80
64	\$	60.10	\$ 92.20	\$ 32.10	\$ 113.60	\$ 53.50
65	\$	65.10	\$ 97.70	\$ 32.60	\$ 119.40	\$ 54.30
66	\$	70.90	\$ 104.60	\$ 33.70	\$ 127.10	\$ 56.20
67	\$	77.70	\$ 112.70	\$ 35.00	\$ 136.00	\$ 58.30
68	\$	85.50	\$ 122.00	\$ 36.50	\$ 146.30	\$ 60.80
69	\$	94.50	\$ 132.60	\$ 38.10	\$ 158.10	\$ 63.60
70	\$	104.80	\$ 143.70	\$ 38.90	\$ 169.10	\$ 64.30
71	\$	116.50	\$ 156.70	\$ 40.20	\$ 183.40	\$ 66.90
72	\$	129.20	\$ 171.30	\$ 42.10	\$ 199.40	\$ 70.20
73	\$	142.10	\$ 186.00	\$ 43.90	\$ 215.40	\$ 73.30
74	\$	154.70	\$ 200.10	\$ 45.40	\$ 230.40	\$ 75.70
75	\$	166.50	\$ 212.30	\$ 45.80	\$ 242.80	\$ 76.30
76	\$	176.50	\$ 222.40	\$ 45.90	\$ 253.10	\$ 76.60
77	\$	187.00	\$ 233.20	\$ 46.20	\$ 264.10	\$ 77.10
78	\$	200.50	\$ 247.40	\$ 46.90	\$ 278.80	\$ 78.30
79	\$	218.90	\$ 267.60	\$ 48.70	\$ 300.00	\$ 81.10
80	\$	244.00	\$ 293.00	\$ 49.00	\$ 325.70	\$ 81.70
81	\$	275.10	\$ 327.50	\$ 52.40	\$ 362.50	\$ 87.40
82	\$	311.00	\$ 367.30	\$ 56.30	\$ 404.90	\$ 93.90
83	\$	350.50	\$ 411.00	\$ 60.50	\$ 451.30	\$ 100.80
84	\$	392.50	\$ 456.90	\$ 64.40	\$ 499.80	\$ 107.30

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 30 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation			
			Total	Rider	Total	Rider		
50	\$	29.80	\$	54.60	\$	71.20	\$	41.40
51	\$	31.60	\$	57.20	\$	74.30	\$	42.70
52	\$	33.40	\$	59.80	\$	77.50	\$	44.10
53	\$	35.30	\$	62.60	\$	80.80	\$	45.50
54	\$	37.40	\$	65.60	\$	84.40	\$	47.00
55	\$	39.60	\$	68.70	\$	88.10	\$	48.50
56	\$	41.90	\$	71.90	\$	91.90	\$	50.00
57	\$	44.40	\$	75.40	\$	96.00	\$	51.60
58	\$	47.10	\$	79.00	\$	100.20	\$	53.10
59	\$	50.00	\$	82.80	\$	104.60	\$	54.60
60	\$	53.00	\$	86.40	\$	108.70	\$	55.70
61	\$	56.60	\$	90.90	\$	113.80	\$	57.20
62	\$	60.50	\$	95.70	\$	119.20	\$	58.70
63	\$	64.90	\$	101.10	\$	125.20	\$	60.30
64	\$	69.90	\$	107.20	\$	132.10	\$	62.20
65	\$	75.70	\$	113.60	\$	138.80	\$	63.10
66	\$	82.50	\$	121.70	\$	147.80	\$	65.30
67	\$	90.30	\$	131.00	\$	158.20	\$	67.90
68	\$	99.40	\$	141.80	\$	170.10	\$	70.70
69	\$	109.80	\$	154.20	\$	183.80	\$	74.00
70	\$	121.90	\$	167.10	\$	196.70	\$	74.80
71	\$	135.50	\$	182.20	\$	213.30	\$	77.80
72	\$	150.20	\$	199.20	\$	231.90	\$	81.70
73	\$	165.20	\$	216.30	\$	250.40	\$	85.20
74	\$	179.90	\$	232.70	\$	267.90	\$	88.00
75	\$	193.50	\$	246.80	\$	282.40	\$	88.90
76	\$	205.20	\$	258.70	\$	294.30	\$	89.10
77	\$	217.50	\$	271.20	\$	307.00	\$	89.50
78	\$	233.10	\$	287.70	\$	324.10	\$	91.00
79	\$	254.50	\$	311.10	\$	348.80	\$	94.30
80	\$	283.70	\$	340.70	\$	378.80	\$	95.10
81	\$	319.90	\$	380.90	\$	421.50	\$	101.60
82	\$	361.60	\$	427.10	\$	470.80	\$	109.20
83	\$	407.60	\$	477.90	\$	524.70	\$	117.10
84	\$	456.40	\$	531.20	\$	581.10	\$	124.70

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 100 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	8.30	\$ 15.20	\$ 6.90	\$ 19.80	\$ 11.50
51	\$	8.80	\$ 15.90	\$ 7.10	\$ 20.70	\$ 11.90
52	\$	9.30	\$ 16.70	\$ 7.40	\$ 21.60	\$ 12.30
53	\$	9.80	\$ 17.40	\$ 7.60	\$ 22.50	\$ 12.70
54	\$	10.40	\$ 18.30	\$ 7.90	\$ 23.50	\$ 13.10
55	\$	11.00	\$ 19.10	\$ 8.10	\$ 24.50	\$ 13.50
56	\$	11.70	\$ 20.00	\$ 8.30	\$ 25.60	\$ 13.90
57	\$	12.40	\$ 21.00	\$ 8.60	\$ 26.70	\$ 14.30
58	\$	13.10	\$ 22.00	\$ 8.90	\$ 27.90	\$ 14.80
59	\$	13.90	\$ 23.10	\$ 9.20	\$ 29.10	\$ 15.20
60	\$	14.80	\$ 24.10	\$ 9.30	\$ 30.30	\$ 15.50
61	\$	15.80	\$ 25.30	\$ 9.50	\$ 31.70	\$ 15.90
62	\$	16.80	\$ 26.70	\$ 9.90	\$ 33.20	\$ 16.40
63	\$	18.10	\$ 28.10	\$ 10.00	\$ 34.90	\$ 16.80
64	\$	19.50	\$ 29.90	\$ 10.40	\$ 36.80	\$ 17.30
65	\$	21.10	\$ 31.60	\$ 10.50	\$ 38.70	\$ 17.60
66	\$	23.00	\$ 33.90	\$ 10.90	\$ 41.20	\$ 18.20
67	\$	25.20	\$ 36.50	\$ 11.30	\$ 44.00	\$ 18.80
68	\$	27.70	\$ 39.50	\$ 11.80	\$ 47.40	\$ 19.70
69	\$	30.60	\$ 43.00	\$ 12.40	\$ 51.20	\$ 20.60
70	\$	33.90	\$ 46.50	\$ 12.60	\$ 54.80	\$ 20.90
71	\$	37.70	\$ 50.70	\$ 13.00	\$ 59.40	\$ 21.70
72	\$	41.80	\$ 55.50	\$ 13.70	\$ 64.60	\$ 22.80
73	\$	46.00	\$ 60.30	\$ 14.30	\$ 69.80	\$ 23.80
74	\$	50.10	\$ 64.80	\$ 14.70	\$ 74.60	\$ 24.50
75	\$	53.90	\$ 68.80	\$ 14.90	\$ 78.60	\$ 24.70
76	\$	57.10	\$ 72.00	\$ 14.90	\$ 82.00	\$ 24.90
77	\$	60.60	\$ 75.50	\$ 14.90	\$ 85.50	\$ 24.90
78	\$	64.90	\$ 80.10	\$ 15.20	\$ 90.30	\$ 25.40
79	\$	70.90	\$ 86.70	\$ 15.80	\$ 97.20	\$ 26.30
80	\$	79.00	\$ 94.90	\$ 15.90	\$ 105.50	\$ 26.50
81	\$	89.10	\$ 106.10	\$ 17.00	\$ 117.40	\$ 28.30
82	\$	100.70	\$ 119.00	\$ 18.30	\$ 131.10	\$ 30.40
83	\$	113.50	\$ 133.10	\$ 19.60	\$ 146.20	\$ 32.70
84	\$	127.10	\$ 148.00	\$ 20.90	\$ 161.90	\$ 34.80

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 100 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	12.00	\$ 22.00	\$ 10.00	\$ 28.70	\$ 16.70
51	\$	12.70	\$ 23.10	\$ 10.40	\$ 30.00	\$ 17.30
52	\$	13.50	\$ 24.10	\$ 10.60	\$ 31.20	\$ 17.70
53	\$	14.20	\$ 25.20	\$ 11.00	\$ 32.60	\$ 18.40
54	\$	15.10	\$ 26.40	\$ 11.30	\$ 34.00	\$ 18.90
55	\$	16.00	\$ 27.70	\$ 11.70	\$ 35.50	\$ 19.50
56	\$	16.90	\$ 29.00	\$ 12.10	\$ 37.10	\$ 20.20
57	\$	17.90	\$ 30.40	\$ 12.50	\$ 38.70	\$ 20.80
58	\$	19.00	\$ 31.80	\$ 12.80	\$ 40.40	\$ 21.40
59	\$	20.10	\$ 33.40	\$ 13.30	\$ 42.20	\$ 22.10
60	\$	21.40	\$ 34.80	\$ 13.40	\$ 43.80	\$ 22.40
61	\$	22.80	\$ 36.60	\$ 13.80	\$ 45.90	\$ 23.10
62	\$	24.40	\$ 38.60	\$ 14.20	\$ 48.10	\$ 23.70
63	\$	26.10	\$ 40.70	\$ 14.60	\$ 50.50	\$ 24.40
64	\$	28.20	\$ 43.20	\$ 15.00	\$ 53.20	\$ 25.00
65	\$	30.50	\$ 45.80	\$ 15.30	\$ 56.00	\$ 25.50
66	\$	33.30	\$ 49.10	\$ 15.80	\$ 59.60	\$ 26.30
67	\$	36.40	\$ 52.80	\$ 16.40	\$ 63.80	\$ 27.40
68	\$	40.10	\$ 57.20	\$ 17.10	\$ 68.60	\$ 28.50
69	\$	44.30	\$ 62.20	\$ 17.90	\$ 74.10	\$ 29.80
70	\$	49.10	\$ 67.40	\$ 18.30	\$ 79.30	\$ 30.20
71	\$	54.60	\$ 73.40	\$ 18.80	\$ 86.00	\$ 31.40
72	\$	60.60	\$ 80.30	\$ 19.70	\$ 93.50	\$ 32.90
73	\$	66.60	\$ 87.20	\$ 20.60	\$ 101.00	\$ 34.40
74	\$	72.50	\$ 93.80	\$ 21.30	\$ 108.00	\$ 35.50
75	\$	78.00	\$ 99.50	\$ 21.50	\$ 113.80	\$ 35.80
76	\$	82.70	\$ 104.30	\$ 21.60	\$ 118.70	\$ 36.00
77	\$	87.70	\$ 109.30	\$ 21.60	\$ 123.80	\$ 36.10
78	\$	94.00	\$ 116.00	\$ 22.00	\$ 130.70	\$ 36.70
79	\$	102.60	\$ 125.40	\$ 22.80	\$ 140.60	\$ 38.00
80	\$	114.40	\$ 137.40	\$ 23.00	\$ 152.70	\$ 38.30
81	\$	128.90	\$ 153.50	\$ 24.60	\$ 169.90	\$ 41.00
82	\$	145.80	\$ 172.20	\$ 26.40	\$ 189.80	\$ 44.00
83	\$	164.30	\$ 192.60	\$ 28.30	\$ 211.50	\$ 47.20
84	\$	184.00	\$ 214.10	\$ 30.10	\$ 234.30	\$ 50.30

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 100 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	15.30	\$ 28.00	\$ 12.70	\$ 36.50	\$ 21.20
51	\$	16.20	\$ 29.40	\$ 13.20	\$ 38.10	\$ 21.90
52	\$	17.10	\$ 30.70	\$ 13.60	\$ 39.80	\$ 22.70
53	\$	18.10	\$ 32.10	\$ 14.00	\$ 41.50	\$ 23.40
54	\$	19.20	\$ 33.60	\$ 14.40	\$ 43.30	\$ 24.10
55	\$	20.30	\$ 35.20	\$ 14.90	\$ 45.20	\$ 24.90
56	\$	21.50	\$ 36.90	\$ 15.40	\$ 47.20	\$ 25.70
57	\$	22.80	\$ 38.70	\$ 15.90	\$ 49.30	\$ 26.50
58	\$	24.10	\$ 40.50	\$ 16.40	\$ 51.40	\$ 27.30
59	\$	25.60	\$ 42.50	\$ 16.90	\$ 53.70	\$ 28.10
60	\$	27.20	\$ 44.30	\$ 17.10	\$ 55.80	\$ 28.60
61	\$	29.00	\$ 46.60	\$ 17.60	\$ 58.40	\$ 29.40
62	\$	31.00	\$ 49.10	\$ 18.10	\$ 61.20	\$ 30.20
63	\$	33.30	\$ 51.80	\$ 18.50	\$ 64.20	\$ 30.90
64	\$	35.90	\$ 55.00	\$ 19.10	\$ 67.80	\$ 31.90
65	\$	38.90	\$ 58.30	\$ 19.40	\$ 71.20	\$ 32.30
66	\$	42.30	\$ 62.40	\$ 20.10	\$ 75.80	\$ 33.50
67	\$	46.30	\$ 67.20	\$ 20.90	\$ 81.10	\$ 34.80
68	\$	51.00	\$ 72.80	\$ 21.80	\$ 87.30	\$ 36.30
69	\$	56.40	\$ 79.10	\$ 22.70	\$ 94.30	\$ 37.90
70	\$	62.50	\$ 85.70	\$ 23.20	\$ 100.90	\$ 38.40
71	\$	69.50	\$ 93.50	\$ 24.00	\$ 109.40	\$ 39.90
72	\$	77.10	\$ 102.20	\$ 25.10	\$ 119.00	\$ 41.90
73	\$	84.80	\$ 111.00	\$ 26.20	\$ 128.50	\$ 43.70
74	\$	92.30	\$ 119.40	\$ 27.10	\$ 137.50	\$ 45.20
75	\$	99.30	\$ 126.60	\$ 27.30	\$ 144.90	\$ 45.60
76	\$	105.30	\$ 132.70	\$ 27.40	\$ 151.00	\$ 45.70
77	\$	111.60	\$ 139.20	\$ 27.60	\$ 157.50	\$ 45.90
78	\$	119.60	\$ 147.60	\$ 28.00	\$ 166.30	\$ 46.70
79	\$	130.60	\$ 159.60	\$ 29.00	\$ 179.00	\$ 48.40
80	\$	145.60	\$ 174.80	\$ 29.20	\$ 194.30	\$ 48.70
81	\$	164.10	\$ 195.40	\$ 31.30	\$ 216.30	\$ 52.20
82	\$	185.50	\$ 219.10	\$ 33.60	\$ 241.60	\$ 56.10
83	\$	209.10	\$ 245.20	\$ 36.10	\$ 269.20	\$ 60.10
84	\$	234.10	\$ 272.60	\$ 38.50	\$ 298.10	\$ 64.00

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 100 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	18.80	\$ 34.40	\$ 15.60	\$ 44.90	\$ 26.10
51	\$	19.90	\$ 36.10	\$ 16.20	\$ 46.80	\$ 26.90
52	\$	21.00	\$ 37.70	\$ 16.70	\$ 48.80	\$ 27.80
53	\$	22.20	\$ 39.50	\$ 17.30	\$ 50.90	\$ 28.70
54	\$	23.50	\$ 41.30	\$ 17.80	\$ 53.20	\$ 29.70
55	\$	24.90	\$ 43.30	\$ 18.40	\$ 55.60	\$ 30.70
56	\$	26.40	\$ 45.30	\$ 18.90	\$ 57.90	\$ 31.50
57	\$	28.00	\$ 47.50	\$ 19.50	\$ 60.50	\$ 32.50
58	\$	29.70	\$ 49.80	\$ 20.10	\$ 63.20	\$ 33.50
59	\$	31.50	\$ 52.20	\$ 20.70	\$ 65.90	\$ 34.40
60	\$	33.40	\$ 54.50	\$ 21.10	\$ 68.50	\$ 35.10
61	\$	35.70	\$ 57.30	\$ 21.60	\$ 71.70	\$ 36.00
62	\$	38.10	\$ 60.30	\$ 22.20	\$ 75.10	\$ 37.00
63	\$	40.90	\$ 63.70	\$ 22.80	\$ 78.90	\$ 38.00
64	\$	44.10	\$ 67.60	\$ 23.50	\$ 83.30	\$ 39.20
65	\$	47.70	\$ 71.60	\$ 23.90	\$ 87.50	\$ 39.80
66	\$	52.00	\$ 76.70	\$ 24.70	\$ 93.20	\$ 41.20
67	\$	56.90	\$ 82.60	\$ 25.70	\$ 99.70	\$ 42.80
68	\$	62.60	\$ 89.40	\$ 26.80	\$ 107.20	\$ 44.60
69	\$	69.20	\$ 97.20	\$ 28.00	\$ 115.90	\$ 46.70
70	\$	76.80	\$ 105.30	\$ 28.50	\$ 124.00	\$ 47.20
71	\$	85.40	\$ 114.80	\$ 29.40	\$ 134.40	\$ 49.00
72	\$	94.70	\$ 125.60	\$ 30.90	\$ 146.20	\$ 51.50
73	\$	104.10	\$ 136.40	\$ 32.30	\$ 157.90	\$ 53.80
74	\$	113.40	\$ 146.70	\$ 33.30	\$ 168.90	\$ 55.50
75	\$	122.00	\$ 155.60	\$ 33.60	\$ 178.00	\$ 56.00
76	\$	129.30	\$ 163.00	\$ 33.70	\$ 185.50	\$ 56.20
77	\$	137.10	\$ 171.00	\$ 33.90	\$ 193.50	\$ 56.40
78	\$	146.90	\$ 181.40	\$ 34.50	\$ 204.30	\$ 57.40
79	\$	160.40	\$ 196.10	\$ 35.70	\$ 219.90	\$ 59.50
80	\$	178.80	\$ 214.80	\$ 36.00	\$ 238.80	\$ 60.00
81	\$	201.60	\$ 240.10	\$ 38.50	\$ 265.70	\$ 64.10
82	\$	227.90	\$ 269.20	\$ 41.30	\$ 296.80	\$ 68.90
83	\$	256.90	\$ 301.20	\$ 44.30	\$ 330.80	\$ 73.90
84	\$	287.70	\$ 334.90	\$ 47.20	\$ 366.30	\$ 78.60



## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 100 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	21.80	\$ 40.00	\$ 18.20	\$ 52.20	\$ 30.40
51	\$	23.10	\$ 41.90	\$ 18.80	\$ 54.50	\$ 31.40
52	\$	24.50	\$ 43.90	\$ 19.40	\$ 56.80	\$ 32.30
53	\$	25.90	\$ 45.90	\$ 20.00	\$ 59.20	\$ 33.30
54	\$	27.40	\$ 48.10	\$ 20.70	\$ 61.90	\$ 34.50
55	\$	29.00	\$ 50.40	\$ 21.40	\$ 64.60	\$ 35.60
56	\$	30.70	\$ 52.70	\$ 22.00	\$ 67.40	\$ 36.70
57	\$	32.50	\$ 55.20	\$ 22.70	\$ 70.40	\$ 37.90
58	\$	34.50	\$ 57.90	\$ 23.40	\$ 73.40	\$ 38.90
59	\$	36.60	\$ 60.70	\$ 24.10	\$ 76.70	\$ 40.10
60	\$	38.90	\$ 63.30	\$ 24.40	\$ 79.70	\$ 40.80
61	\$	41.50	\$ 66.60	\$ 25.10	\$ 83.40	\$ 41.90
62	\$	44.30	\$ 70.20	\$ 25.90	\$ 87.40	\$ 43.10
63	\$	47.50	\$ 74.10	\$ 26.60	\$ 91.70	\$ 44.20
64	\$	51.30	\$ 78.60	\$ 27.30	\$ 96.80	\$ 45.50
65	\$	55.50	\$ 83.30	\$ 27.80	\$ 101.80	\$ 46.30
66	\$	60.50	\$ 89.20	\$ 28.70	\$ 108.30	\$ 47.80
67	\$	66.20	\$ 96.00	\$ 29.80	\$ 115.90	\$ 49.70
68	\$	72.80	\$ 104.00	\$ 31.20	\$ 124.70	\$ 51.90
69	\$	80.50	\$ 113.00	\$ 32.50	\$ 134.70	\$ 54.20
70	\$	89.30	\$ 122.50	\$ 33.20	\$ 144.20	\$ 54.90
71	\$	99.30	\$ 133.50	\$ 34.20	\$ 156.30	\$ 57.00
72	\$	110.10	\$ 146.00	\$ 35.90	\$ 169.90	\$ 59.80
73	\$	121.10	\$ 158.60	\$ 37.50	\$ 183.60	\$ 62.50
74	\$	131.90	\$ 170.60	\$ 38.70	\$ 196.40	\$ 64.50
75	\$	141.90	\$ 180.90	\$ 39.00	\$ 207.00	\$ 65.10
76	\$	150.40	\$ 189.60	\$ 39.20	\$ 215.70	\$ 65.30
77	\$	159.40	\$ 198.80	\$ 39.40	\$ 225.00	\$ 65.60
78	\$	170.80	\$ 210.90	\$ 40.10	\$ 237.60	\$ 66.80
79	\$	186.50	\$ 228.00	\$ 41.50	\$ 255.70	\$ 69.20
80	\$	207.90	\$ 249.80	\$ 41.90	\$ 277.60	\$ 69.70
81	\$	234.50	\$ 279.20	\$ 44.70	\$ 309.00	\$ 74.50
82	\$	265.10	\$ 313.10	\$ 48.00	\$ 345.10	\$ 80.00
83	\$	298.80	\$ 350.30	\$ 51.50	\$ 384.60	\$ 85.80
84	\$	334.50	\$ 389.40	\$ 54.90	\$ 425.90	\$ 91.40

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792, E-792-INF

Elimination Period - 100 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation			
			Total	Rider	Total	Rider		
50	\$	25.40	\$	46.50	\$	60.60	\$	35.20
51	\$	26.90	\$	48.80	\$	63.30	\$	36.40
52	\$	28.40	\$	51.00	\$	66.00	\$	37.60
53	\$	30.10	\$	53.30	\$	68.90	\$	38.80
54	\$	31.80	\$	55.90	\$	71.90	\$	40.10
55	\$	33.70	\$	58.60	\$	75.10	\$	41.40
56	\$	35.70	\$	61.30	\$	78.30	\$	42.60
57	\$	37.80	\$	64.20	\$	81.80	\$	44.00
58	\$	40.10	\$	67.30	\$	85.40	\$	45.30
59	\$	42.60	\$	70.50	\$	89.20	\$	46.60
60	\$	45.20	\$	73.60	\$	92.60	\$	47.40
61	\$	48.20	\$	77.50	\$	97.00	\$	48.80
62	\$	51.50	\$	81.60	\$	101.60	\$	50.10
63	\$	55.30	\$	86.10	\$	106.70	\$	51.40
64	\$	59.60	\$	91.40	\$	112.60	\$	53.00
65	\$	64.50	\$	96.80	\$	118.30	\$	53.80
66	\$	70.30	\$	103.70	\$	126.00	\$	55.70
67	\$	77.00	\$	111.70	\$	134.80	\$	57.80
68	\$	84.70	\$	120.90	\$	145.00	\$	60.30
69	\$	93.60	\$	131.40	\$	156.70	\$	63.10
70	\$	103.90	\$	142.40	\$	167.60	\$	63.70
71	\$	115.50	\$	155.30	\$	181.80	\$	66.30
72	\$	128.00	\$	169.80	\$	197.60	\$	69.60
73	\$	140.80	\$	184.40	\$	213.40	\$	72.60
74	\$	153.30	\$	198.30	\$	228.30	\$	75.00
75	\$	165.00	\$	210.40	\$	240.60	\$	75.60
76	\$	174.90	\$	220.40	\$	250.80	\$	75.90
77	\$	185.40	\$	231.10	\$	261.70	\$	76.30
78	\$	198.70	\$	245.20	\$	276.30	\$	77.60
79	\$	216.90	\$	265.20	\$	297.30	\$	80.40
80	\$	241.80	\$	290.40	\$	322.80	\$	81.00
81	\$	272.60	\$	324.60	\$	359.30	\$	86.70
82	\$	308.20	\$	364.00	\$	401.30	\$	93.10
83	\$	347.40	\$	407.30	\$	447.20	\$	99.80
84	\$	388.90	\$	452.70	\$	495.30	\$	106.40

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 0 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	8.60	\$ 16.30	\$ 7.70	\$ 21.40	\$ 12.80
51	\$	9.10	\$ 17.10	\$ 8.00	\$ 22.40	\$ 13.30
52	\$	9.70	\$ 17.90	\$ 8.20	\$ 23.40	\$ 13.70
53	\$	10.30	\$ 18.80	\$ 8.50	\$ 24.50	\$ 14.20
54	\$	11.00	\$ 19.80	\$ 8.80	\$ 25.60	\$ 14.60
55	\$	11.70	\$ 20.80	\$ 9.10	\$ 26.80	\$ 15.10
56	\$	12.40	\$ 21.80	\$ 9.40	\$ 28.10	\$ 15.70
57	\$	13.20	\$ 22.90	\$ 9.70	\$ 29.40	\$ 16.20
58	\$	14.00	\$ 24.10	\$ 10.10	\$ 30.70	\$ 16.70
59	\$	15.00	\$ 25.30	\$ 10.30	\$ 32.20	\$ 17.20
60	\$	15.90	\$ 26.40	\$ 10.50	\$ 33.40	\$ 17.50
61	\$	17.00	\$ 27.80	\$ 10.80	\$ 35.10	\$ 18.10
62	\$	18.20	\$ 29.40	\$ 11.20	\$ 36.80	\$ 18.60
63	\$	19.60	\$ 31.10	\$ 11.50	\$ 38.70	\$ 19.10
64	\$	21.20	\$ 33.00	\$ 11.80	\$ 40.90	\$ 19.70
65	\$	22.90	\$ 35.00	\$ 12.10	\$ 43.00	\$ 20.10
66	\$	25.00	\$ 37.50	\$ 12.50	\$ 45.90	\$ 20.90
67	\$	27.40	\$ 40.50	\$ 13.10	\$ 49.20	\$ 21.80
68	\$	30.30	\$ 43.90	\$ 13.60	\$ 53.00	\$ 22.70
69	\$	33.50	\$ 47.80	\$ 14.30	\$ 57.40	\$ 23.90
70	\$	37.10	\$ 51.70	\$ 14.60	\$ 61.50	\$ 24.40
71	\$	41.50	\$ 56.50	\$ 15.00	\$ 66.50	\$ 25.00
72	\$	46.20	\$ 62.10	\$ 15.90	\$ 72.60	\$ 26.40
73	\$	51.20	\$ 67.80	\$ 16.60	\$ 78.80	\$ 27.60
74	\$	56.10	\$ 73.30	\$ 17.20	\$ 84.80	\$ 28.70
75	\$	60.60	\$ 78.10	\$ 17.50	\$ 89.70	\$ 29.10
76	\$	64.70	\$ 82.30	\$ 17.60	\$ 94.10	\$ 29.40
77	\$	69.10	\$ 86.90	\$ 17.80	\$ 98.70	\$ 29.60
78	\$	74.60	\$ 92.80	\$ 18.20	\$ 104.90	\$ 30.30
79	\$	82.10	\$ 101.00	\$ 18.90	\$ 113.60	\$ 31.50
80	\$	91.90	\$ 111.00	\$ 19.10	\$ 123.80	\$ 31.90
81	\$	104.50	\$ 125.00	\$ 20.50	\$ 138.70	\$ 34.20
82	\$	119.00	\$ 141.10	\$ 22.10	\$ 155.90	\$ 36.90
83	\$	135.00	\$ 158.90	\$ 23.90	\$ 174.80	\$ 39.80
84	\$	152.20	\$ 177.70	\$ 25.50	\$ 194.70	\$ 42.50

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 0 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	12.40	\$ 23.50	\$ 11.10	\$ 30.90	\$ 18.50
51	\$	13.20	\$ 24.70	\$ 11.50	\$ 32.40	\$ 19.20
52	\$	14.00	\$ 25.90	\$ 11.90	\$ 33.80	\$ 19.80
53	\$	14.90	\$ 27.20	\$ 12.30	\$ 35.40	\$ 20.50
54	\$	15.90	\$ 28.60	\$ 12.70	\$ 37.10	\$ 21.20
55	\$	16.90	\$ 30.00	\$ 13.10	\$ 38.80	\$ 21.90
56	\$	17.90	\$ 31.50	\$ 13.60	\$ 40.60	\$ 22.70
57	\$	19.10	\$ 33.10	\$ 14.00	\$ 42.50	\$ 23.40
58	\$	20.30	\$ 34.80	\$ 14.50	\$ 44.50	\$ 24.20
59	\$	21.70	\$ 36.60	\$ 14.90	\$ 46.60	\$ 24.90
60	\$	23.00	\$ 38.20	\$ 15.20	\$ 48.40	\$ 25.40
61	\$	24.60	\$ 40.30	\$ 15.70	\$ 50.80	\$ 26.20
62	\$	26.40	\$ 42.50	\$ 16.10	\$ 53.30	\$ 26.90
63	\$	28.40	\$ 45.00	\$ 16.60	\$ 56.10	\$ 27.70
64	\$	30.60	\$ 47.80	\$ 17.20	\$ 59.30	\$ 28.70
65	\$	33.10	\$ 50.60	\$ 17.50	\$ 62.20	\$ 29.10
66	\$	36.20	\$ 54.30	\$ 18.10	\$ 66.40	\$ 30.20
67	\$	39.70	\$ 58.60	\$ 18.90	\$ 71.10	\$ 31.40
68	\$	43.80	\$ 63.50	\$ 19.70	\$ 76.70	\$ 32.90
69	\$	48.50	\$ 69.30	\$ 20.80	\$ 83.10	\$ 34.60
70	\$	53.70	\$ 74.80	\$ 21.10	\$ 89.00	\$ 35.30
71	\$	60.00	\$ 81.70	\$ 21.70	\$ 96.20	\$ 36.20
72	\$	66.90	\$ 89.80	\$ 22.90	\$ 105.10	\$ 38.20
73	\$	74.00	\$ 98.10	\$ 24.10	\$ 114.10	\$ 40.10
74	\$	81.10	\$ 106.10	\$ 25.00	\$ 122.70	\$ 41.60
75	\$	87.70	\$ 113.00	\$ 25.30	\$ 129.90	\$ 42.20
76	\$	93.70	\$ 119.20	\$ 25.50	\$ 136.20	\$ 42.50
77	\$	100.00	\$ 125.70	\$ 25.70	\$ 142.90	\$ 42.90
78	\$	108.00	\$ 134.30	\$ 26.30	\$ 151.80	\$ 43.80
79	\$	118.80	\$ 146.20	\$ 27.40	\$ 164.40	\$ 45.60
80	\$	133.10	\$ 160.70	\$ 27.60	\$ 179.10	\$ 46.00
81	\$	151.20	\$ 180.90	\$ 29.70	\$ 200.70	\$ 49.50
82	\$	172.20	\$ 204.30	\$ 32.10	\$ 225.60	\$ 53.40
83	\$	195.40	\$ 230.00	\$ 34.60	\$ 253.00	\$ 57.60
84	\$	220.30	\$ 257.20	\$ 36.90	\$ 281.80	\$ 61.50

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 0 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	15.80	\$ 29.90	\$ 14.10	\$ 39.40	\$ 23.60
51	\$	16.80	\$ 31.50	\$ 14.70	\$ 41.20	\$ 24.40
52	\$	17.90	\$ 33.00	\$ 15.10	\$ 43.10	\$ 25.20
53	\$	19.00	\$ 34.60	\$ 15.60	\$ 45.00	\$ 26.00
54	\$	20.20	\$ 36.40	\$ 16.20	\$ 47.20	\$ 27.00
55	\$	21.50	\$ 38.20	\$ 16.70	\$ 49.40	\$ 27.90
56	\$	22.80	\$ 40.10	\$ 17.30	\$ 51.70	\$ 28.90
57	\$	24.30	\$ 42.20	\$ 17.90	\$ 54.10	\$ 29.80
58	\$	25.90	\$ 44.30	\$ 18.40	\$ 56.60	\$ 30.70
59	\$	27.60	\$ 46.60	\$ 19.00	\$ 59.30	\$ 31.70
60	\$	29.30	\$ 48.70	\$ 19.40	\$ 61.60	\$ 32.30
61	\$	31.30	\$ 51.30	\$ 20.00	\$ 64.60	\$ 33.30
62	\$	33.60	\$ 54.10	\$ 20.50	\$ 67.80	\$ 34.20
63	\$	36.10	\$ 57.20	\$ 21.10	\$ 71.30	\$ 35.20
64	\$	39.00	\$ 60.80	\$ 21.80	\$ 75.40	\$ 36.40
65	\$	42.20	\$ 64.40	\$ 22.20	\$ 79.20	\$ 37.00
66	\$	46.00	\$ 69.10	\$ 23.10	\$ 84.50	\$ 38.50
67	\$	50.50	\$ 74.50	\$ 24.00	\$ 90.60	\$ 40.10
68	\$	55.70	\$ 80.90	\$ 25.20	\$ 97.60	\$ 41.90
69	\$	61.80	\$ 88.10	\$ 26.30	\$ 105.70	\$ 43.90
70	\$	68.30	\$ 95.20	\$ 26.90	\$ 113.20	\$ 44.90
71	\$	76.40	\$ 104.00	\$ 27.60	\$ 122.50	\$ 46.10
72	\$	85.10	\$ 114.30	\$ 29.20	\$ 133.70	\$ 48.60
73	\$	94.20	\$ 124.80	\$ 30.60	\$ 145.20	\$ 51.00
74	\$	103.30	\$ 135.00	\$ 31.70	\$ 156.10	\$ 52.80
75	\$	111.70	\$ 143.90	\$ 32.20	\$ 165.30	\$ 53.60
76	\$	119.20	\$ 151.70	\$ 32.50	\$ 173.30	\$ 54.10
77	\$	127.30	\$ 160.00	\$ 32.70	\$ 181.90	\$ 54.60
78	\$	137.50	\$ 170.90	\$ 33.40	\$ 193.20	\$ 55.70
79	\$	151.30	\$ 186.10	\$ 34.80	\$ 209.30	\$ 58.00
80	\$	169.30	\$ 204.50	\$ 35.20	\$ 228.00	\$ 58.70
81	\$	192.40	\$ 230.20	\$ 37.80	\$ 255.40	\$ 63.00
82	\$	219.20	\$ 260.00	\$ 40.80	\$ 287.10	\$ 67.90
83	\$	248.70	\$ 292.70	\$ 44.00	\$ 322.00	\$ 73.30
84	\$	280.30	\$ 327.30	\$ 47.00	\$ 358.70	\$ 78.40

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 0 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	19.50	\$ 36.80	\$ 17.30	\$ 48.30	\$ 28.80
51	\$	20.70	\$ 38.60	\$ 17.90	\$ 50.60	\$ 29.90
52	\$	22.00	\$ 40.50	\$ 18.50	\$ 52.90	\$ 30.90
53	\$	23.30	\$ 42.50	\$ 19.20	\$ 55.30	\$ 32.00
54	\$	24.80	\$ 44.70	\$ 19.90	\$ 58.00	\$ 33.20
55	\$	26.40	\$ 47.00	\$ 20.60	\$ 60.70	\$ 34.30
56	\$	28.00	\$ 49.30	\$ 21.30	\$ 63.50	\$ 35.50
57	\$	29.90	\$ 51.80	\$ 21.90	\$ 66.50	\$ 36.60
58	\$	31.80	\$ 54.50	\$ 22.70	\$ 69.60	\$ 37.80
59	\$	33.90	\$ 57.30	\$ 23.40	\$ 72.80	\$ 38.90
60	\$	36.00	\$ 59.80	\$ 23.80	\$ 75.60	\$ 39.60
61	\$	38.50	\$ 63.00	\$ 24.50	\$ 79.40	\$ 40.90
62	\$	41.30	\$ 66.50	\$ 25.20	\$ 83.30	\$ 42.00
63	\$	44.40	\$ 70.30	\$ 25.90	\$ 87.60	\$ 43.20
64	\$	47.90	\$ 74.70	\$ 26.80	\$ 92.60	\$ 44.70
65	\$	51.80	\$ 79.10	\$ 27.30	\$ 97.30	\$ 45.50
66	\$	56.50	\$ 84.90	\$ 28.40	\$ 103.80	\$ 47.30
67	\$	62.00	\$ 91.60	\$ 29.60	\$ 111.20	\$ 49.20
68	\$	68.50	\$ 99.30	\$ 30.80	\$ 119.90	\$ 51.40
69	\$	75.90	\$ 108.30	\$ 32.40	\$ 129.90	\$ 54.00
70	\$	83.90	\$ 117.00	\$ 33.10	\$ 139.10	\$ 55.20
71	\$	93.80	\$ 127.80	\$ 34.00	\$ 150.40	\$ 56.60
72	\$	104.60	\$ 140.40	\$ 35.80	\$ 164.30	\$ 59.70
73	\$	115.80	\$ 153.30	\$ 37.50	\$ 178.40	\$ 62.60
74	\$	126.90	\$ 165.80	\$ 38.90	\$ 191.80	\$ 64.90
75	\$	137.20	\$ 176.70	\$ 39.50	\$ 203.10	\$ 65.90
76	\$	146.50	\$ 186.30	\$ 39.80	\$ 212.90	\$ 66.40
77	\$	156.40	\$ 196.60	\$ 40.20	\$ 223.40	\$ 67.00
78	\$	168.90	\$ 210.00	\$ 41.10	\$ 237.40	\$ 68.50
79	\$	185.80	\$ 228.60	\$ 42.80	\$ 257.10	\$ 71.30
80	\$	208.10	\$ 251.30	\$ 43.20	\$ 280.10	\$ 72.00
81	\$	236.40	\$ 282.90	\$ 46.50	\$ 313.80	\$ 77.40
82	\$	269.30	\$ 319.40	\$ 50.10	\$ 352.80	\$ 83.50
83	\$	305.60	\$ 359.60	\$ 54.00	\$ 395.60	\$ 90.00
84	\$	344.40	\$ 402.10	\$ 57.70	\$ 440.60	\$ 96.20

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 0 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation			
			Total	Rider	Total	Rider		
50	\$	22.60	\$	42.80	\$	56.20	\$	33.60
51	\$	24.10	\$	44.90	\$	58.80	\$	34.70
52	\$	25.50	\$	47.10	\$	61.50	\$	36.00
53	\$	27.10	\$	49.40	\$	64.40	\$	37.30
54	\$	28.90	\$	52.00	\$	67.40	\$	38.50
55	\$	30.70	\$	54.60	\$	70.60	\$	39.90
56	\$	32.60	\$	57.30	\$	73.80	\$	41.20
57	\$	34.70	\$	60.30	\$	77.30	\$	42.60
58	\$	37.00	\$	63.30	\$	80.90	\$	43.90
59	\$	39.40	\$	66.60	\$	84.70	\$	45.30
60	\$	41.80	\$	69.50	\$	87.90	\$	46.10
61	\$	44.80	\$	73.30	\$	92.30	\$	47.50
62	\$	48.00	\$	77.30	\$	96.80	\$	48.80
63	\$	51.60	\$	81.80	\$	101.90	\$	50.30
64	\$	55.70	\$	86.90	\$	107.70	\$	52.00
65	\$	60.20	\$	92.00	\$	113.20	\$	53.00
66	\$	65.70	\$	98.70	\$	120.70	\$	55.00
67	\$	72.20	\$	106.50	\$	129.40	\$	57.20
68	\$	79.60	\$	115.50	\$	139.40	\$	59.80
69	\$	88.30	\$	125.90	\$	151.00	\$	62.70
70	\$	97.60	\$	136.10	\$	161.70	\$	64.10
71	\$	109.10	\$	148.60	\$	174.90	\$	65.80
72	\$	121.60	\$	163.30	\$	191.10	\$	69.50
73	\$	134.60	\$	178.30	\$	207.40	\$	72.80
74	\$	147.50	\$	192.80	\$	223.10	\$	75.60
75	\$	159.50	\$	205.50	\$	236.10	\$	76.60
76	\$	170.30	\$	216.70	\$	247.60	\$	77.30
77	\$	181.90	\$	228.60	\$	259.80	\$	77.90
78	\$	196.40	\$	244.20	\$	276.00	\$	79.60
79	\$	216.10	\$	265.80	\$	299.00	\$	82.90
80	\$	241.90	\$	292.20	\$	325.70	\$	83.80
81	\$	274.90	\$	328.90	\$	364.90	\$	90.00
82	\$	313.10	\$	371.40	\$	410.20	\$	97.10
83	\$	355.40	\$	418.10	\$	460.00	\$	104.60
84	\$	400.50	\$	467.60	\$	512.40	\$	111.90

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 0 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation			
			Total	Rider	Total	Rider		
50	\$	26.30	\$	49.70	\$	65.40	\$	39.10
51	\$	28.00	\$	52.30	\$	68.40	\$	40.40
52	\$	29.70	\$	54.80	\$	71.50	\$	41.80
53	\$	31.50	\$	57.50	\$	74.80	\$	43.30
54	\$	33.60	\$	60.50	\$	78.40	\$	44.80
55	\$	35.70	\$	63.50	\$	82.10	\$	46.40
56	\$	37.90	\$	66.70	\$	85.80	\$	47.90
57	\$	40.40	\$	70.10	\$	89.90	\$	49.50
58	\$	43.00	\$	73.60	\$	94.10	\$	51.10
59	\$	45.80	\$	77.40	\$	98.50	\$	52.70
60	\$	48.60	\$	80.80	\$	102.20	\$	53.60
61	\$	52.00	\$	85.20	\$	107.30	\$	55.30
62	\$	55.80	\$	89.90	\$	112.60	\$	56.80
63	\$	60.00	\$	95.10	\$	118.50	\$	58.50
64	\$	64.80	\$	101.10	\$	125.30	\$	60.50
65	\$	70.00	\$	107.00	\$	131.60	\$	61.60
66	\$	76.40	\$	114.80	\$	140.30	\$	63.90
67	\$	83.90	\$	123.80	\$	150.40	\$	66.50
68	\$	92.60	\$	134.30	\$	162.10	\$	69.50
69	\$	102.60	\$	146.40	\$	175.60	\$	73.00
70	\$	113.50	\$	158.20	\$	188.10	\$	74.60
71	\$	126.80	\$	172.80	\$	203.40	\$	76.60
72	\$	141.40	\$	189.90	\$	222.20	\$	80.80
73	\$	156.50	\$	207.30	\$	241.20	\$	84.70
74	\$	171.60	\$	224.20	\$	259.40	\$	87.80
75	\$	185.50	\$	239.00	\$	274.60	\$	89.10
76	\$	198.00	\$	251.90	\$	287.90	\$	89.90
77	\$	211.50	\$	265.80	\$	302.10	\$	90.60
78	\$	228.40	\$	283.90	\$	321.00	\$	92.60
79	\$	251.30	\$	309.10	\$	347.70	\$	96.40
80	\$	281.30	\$	339.70	\$	378.70	\$	97.40
81	\$	319.70	\$	382.50	\$	424.30	\$	104.60
82	\$	364.10	\$	431.80	\$	477.00	\$	112.90
83	\$	413.20	\$	486.20	\$	534.80	\$	121.60
84	\$	465.70	\$	543.70	\$	595.80	\$	130.10

Joint policies receive a 10% premium discount.



## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 15 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	7.90	\$ 15.00	\$ 7.10	\$ 19.70	\$ 11.80
51	\$	8.40	\$ 15.70	\$ 7.30	\$ 20.60	\$ 12.20
52	\$	8.90	\$ 16.50	\$ 7.60	\$ 21.50	\$ 12.60
53	\$	9.50	\$ 17.30	\$ 7.80	\$ 22.50	\$ 13.00
54	\$	10.10	\$ 18.20	\$ 8.10	\$ 23.60	\$ 13.50
55	\$	10.70	\$ 19.10	\$ 8.40	\$ 24.70	\$ 14.00
56	\$	11.40	\$ 20.00	\$ 8.60	\$ 25.80	\$ 14.40
57	\$	12.10	\$ 21.10	\$ 9.00	\$ 27.00	\$ 14.90
58	\$	12.90	\$ 22.10	\$ 9.20	\$ 28.30	\$ 15.40
59	\$	13.80	\$ 23.30	\$ 9.50	\$ 29.60	\$ 15.80
60	\$	14.60	\$ 24.30	\$ 9.70	\$ 30.70	\$ 16.10
61	\$	15.60	\$ 25.60	\$ 10.00	\$ 32.30	\$ 16.70
62	\$	16.80	\$ 27.00	\$ 10.20	\$ 33.90	\$ 17.10
63	\$	18.00	\$ 28.60	\$ 10.60	\$ 35.60	\$ 17.60
64	\$	19.50	\$ 30.40	\$ 10.90	\$ 37.70	\$ 18.20
65	\$	21.10	\$ 32.20	\$ 11.10	\$ 39.60	\$ 18.50
66	\$	23.00	\$ 34.50	\$ 11.50	\$ 42.20	\$ 19.20
67	\$	25.20	\$ 37.20	\$ 12.00	\$ 45.20	\$ 20.00
68	\$	27.80	\$ 40.40	\$ 12.60	\$ 48.70	\$ 20.90
69	\$	30.90	\$ 44.00	\$ 13.10	\$ 52.80	\$ 21.90
70	\$	34.10	\$ 47.60	\$ 13.50	\$ 56.50	\$ 22.40
71	\$	38.10	\$ 51.90	\$ 13.80	\$ 61.20	\$ 23.10
72	\$	42.50	\$ 57.10	\$ 14.60	\$ 66.80	\$ 24.30
73	\$	47.10	\$ 62.30	\$ 15.20	\$ 72.50	\$ 25.40
74	\$	51.60	\$ 67.40	\$ 15.80	\$ 78.00	\$ 26.40
75	\$	55.80	\$ 71.80	\$ 16.00	\$ 82.60	\$ 26.80
76	\$	59.50	\$ 75.70	\$ 16.20	\$ 86.50	\$ 27.00
77	\$	63.60	\$ 79.90	\$ 16.30	\$ 90.80	\$ 27.20
78	\$	68.70	\$ 85.40	\$ 16.70	\$ 96.50	\$ 27.80
79	\$	75.50	\$ 92.90	\$ 17.40	\$ 104.50	\$ 29.00
80	\$	84.60	\$ 102.10	\$ 17.50	\$ 113.90	\$ 29.30
81	\$	96.10	\$ 115.00	\$ 18.90	\$ 127.60	\$ 31.50
82	\$	109.50	\$ 129.80	\$ 20.30	\$ 143.40	\$ 33.90
83	\$	124.20	\$ 146.20	\$ 22.00	\$ 160.80	\$ 36.60
84	\$	140.00	\$ 163.50	\$ 23.50	\$ 179.10	\$ 39.10

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 15 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	11.40	\$ 21.60	\$ 10.20	\$ 28.40	\$ 17.00
51	\$	12.20	\$ 22.70	\$ 10.50	\$ 29.80	\$ 17.60
52	\$	12.90	\$ 23.80	\$ 10.90	\$ 31.10	\$ 18.20
53	\$	13.70	\$ 25.00	\$ 11.30	\$ 32.60	\$ 18.90
54	\$	14.60	\$ 26.30	\$ 11.70	\$ 34.10	\$ 19.50
55	\$	15.50	\$ 27.60	\$ 12.10	\$ 35.70	\$ 20.20
56	\$	16.50	\$ 29.00	\$ 12.50	\$ 37.40	\$ 20.90
57	\$	17.60	\$ 30.50	\$ 12.90	\$ 39.10	\$ 21.50
58	\$	18.70	\$ 32.00	\$ 13.30	\$ 40.90	\$ 22.20
59	\$	19.90	\$ 33.70	\$ 13.80	\$ 42.90	\$ 23.00
60	\$	21.20	\$ 35.20	\$ 14.00	\$ 44.50	\$ 23.30
61	\$	22.60	\$ 37.10	\$ 14.50	\$ 46.70	\$ 24.10
62	\$	24.30	\$ 39.10	\$ 14.80	\$ 49.00	\$ 24.70
63	\$	26.10	\$ 41.40	\$ 15.30	\$ 51.60	\$ 25.50
64	\$	28.20	\$ 44.00	\$ 15.80	\$ 54.50	\$ 26.30
65	\$	30.50	\$ 46.50	\$ 16.00	\$ 57.30	\$ 26.80
66	\$	33.30	\$ 49.90	\$ 16.60	\$ 61.10	\$ 27.80
67	\$	36.50	\$ 53.90	\$ 17.40	\$ 65.50	\$ 29.00
68	\$	40.30	\$ 58.40	\$ 18.10	\$ 70.50	\$ 30.20
69	\$	44.70	\$ 63.70	\$ 19.00	\$ 76.40	\$ 31.70
70	\$	49.40	\$ 68.80	\$ 19.40	\$ 81.80	\$ 32.40
71	\$	55.20	\$ 75.20	\$ 20.00	\$ 88.50	\$ 33.30
72	\$	61.50	\$ 82.60	\$ 21.10	\$ 96.70	\$ 35.20
73	\$	68.10	\$ 90.20	\$ 22.10	\$ 104.90	\$ 36.80
74	\$	74.70	\$ 97.60	\$ 22.90	\$ 112.90	\$ 38.20
75	\$	80.70	\$ 104.00	\$ 23.30	\$ 119.50	\$ 38.80
76	\$	86.20	\$ 109.60	\$ 23.40	\$ 125.30	\$ 39.10
77	\$	92.00	\$ 115.70	\$ 23.70	\$ 131.50	\$ 39.50
78	\$	99.40	\$ 123.60	\$ 24.20	\$ 139.70	\$ 40.30
79	\$	109.30	\$ 134.50	\$ 25.20	\$ 151.30	\$ 42.00
80	\$	122.40	\$ 147.80	\$ 25.40	\$ 164.80	\$ 42.40
81	\$	139.10	\$ 166.40	\$ 27.30	\$ 184.60	\$ 45.50
82	\$	158.40	\$ 187.90	\$ 29.50	\$ 207.60	\$ 49.20
83	\$	179.80	\$ 211.60	\$ 31.80	\$ 232.70	\$ 52.90
84	\$	202.60	\$ 236.60	\$ 34.00	\$ 259.30	\$ 56.70

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 15 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	14.60	\$ 27.60	\$ 13.00	\$ 36.20	\$ 21.60
51	\$	15.50	\$ 28.90	\$ 13.40	\$ 37.90	\$ 22.40
52	\$	16.40	\$ 30.40	\$ 14.00	\$ 39.60	\$ 23.20
53	\$	17.50	\$ 31.80	\$ 14.30	\$ 41.40	\$ 23.90
54	\$	18.60	\$ 33.50	\$ 14.90	\$ 43.40	\$ 24.80
55	\$	19.80	\$ 35.20	\$ 15.40	\$ 45.50	\$ 25.70
56	\$	21.00	\$ 36.90	\$ 15.90	\$ 47.50	\$ 26.50
57	\$	22.40	\$ 38.80	\$ 16.40	\$ 49.80	\$ 27.40
58	\$	23.80	\$ 40.80	\$ 17.00	\$ 52.10	\$ 28.30
59	\$	25.40	\$ 42.90	\$ 17.50	\$ 54.50	\$ 29.10
60	\$	26.90	\$ 44.80	\$ 17.90	\$ 56.60	\$ 29.70
61	\$	28.80	\$ 47.20	\$ 18.40	\$ 59.40	\$ 30.60
62	\$	30.90	\$ 49.80	\$ 18.90	\$ 62.40	\$ 31.50
63	\$	33.20	\$ 52.60	\$ 19.40	\$ 65.60	\$ 32.40
64	\$	35.90	\$ 56.00	\$ 20.10	\$ 69.40	\$ 33.50
65	\$	38.80	\$ 59.20	\$ 20.40	\$ 72.90	\$ 34.10
66	\$	42.30	\$ 63.60	\$ 21.30	\$ 77.70	\$ 35.40
67	\$	46.50	\$ 68.60	\$ 22.10	\$ 83.30	\$ 36.80
68	\$	51.30	\$ 74.40	\$ 23.10	\$ 89.80	\$ 38.50
69	\$	56.80	\$ 81.10	\$ 24.30	\$ 97.30	\$ 40.50
70	\$	62.80	\$ 87.60	\$ 24.80	\$ 104.20	\$ 41.40
71	\$	70.20	\$ 95.70	\$ 25.50	\$ 112.70	\$ 42.50
72	\$	78.30	\$ 105.20	\$ 26.90	\$ 123.00	\$ 44.70
73	\$	86.70	\$ 114.80	\$ 28.10	\$ 133.60	\$ 46.90
74	\$	95.00	\$ 124.20	\$ 29.20	\$ 143.60	\$ 48.60
75	\$	102.70	\$ 132.30	\$ 29.60	\$ 152.10	\$ 49.40
76	\$	109.70	\$ 139.50	\$ 29.80	\$ 159.40	\$ 49.70
77	\$	117.10	\$ 147.20	\$ 30.10	\$ 167.30	\$ 50.20
78	\$	126.50	\$ 157.20	\$ 30.70	\$ 177.80	\$ 51.30
79	\$	139.20	\$ 171.20	\$ 32.00	\$ 192.50	\$ 53.30
80	\$	155.80	\$ 188.20	\$ 32.40	\$ 209.70	\$ 53.90
81	\$	177.00	\$ 211.80	\$ 34.80	\$ 235.00	\$ 58.00
82	\$	201.60	\$ 239.20	\$ 37.60	\$ 264.20	\$ 62.60
83	\$	228.80	\$ 269.30	\$ 40.50	\$ 296.20	\$ 67.40
84	\$	257.90	\$ 301.10	\$ 43.20	\$ 330.00	\$ 72.10

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 15 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	17.90	\$ 33.80	\$ 15.90	\$ 44.50	\$ 26.60
51	\$	19.00	\$ 35.60	\$ 16.60	\$ 46.50	\$ 27.50
52	\$	20.20	\$ 37.30	\$ 17.10	\$ 48.70	\$ 28.50
53	\$	21.50	\$ 39.10	\$ 17.60	\$ 50.90	\$ 29.40
54	\$	22.80	\$ 41.10	\$ 18.30	\$ 53.30	\$ 30.50
55	\$	24.30	\$ 43.20	\$ 18.90	\$ 55.90	\$ 31.60
56	\$	25.80	\$ 45.40	\$ 19.60	\$ 58.40	\$ 32.60
57	\$	27.50	\$ 47.70	\$ 20.20	\$ 61.20	\$ 33.70
58	\$	29.20	\$ 50.10	\$ 20.90	\$ 64.00	\$ 34.80
59	\$	31.20	\$ 52.70	\$ 21.50	\$ 67.00	\$ 35.80
60	\$	33.10	\$ 55.00	\$ 21.90	\$ 69.60	\$ 36.50
61	\$	35.40	\$ 58.00	\$ 22.60	\$ 73.00	\$ 37.60
62	\$	38.00	\$ 61.20	\$ 23.20	\$ 76.60	\$ 38.60
63	\$	40.80	\$ 64.70	\$ 23.90	\$ 80.60	\$ 39.80
64	\$	44.10	\$ 68.80	\$ 24.70	\$ 85.20	\$ 41.10
65	\$	47.70	\$ 72.80	\$ 25.10	\$ 89.50	\$ 41.80
66	\$	52.00	\$ 78.10	\$ 26.10	\$ 95.50	\$ 43.50
67	\$	57.10	\$ 84.20	\$ 27.10	\$ 102.30	\$ 45.20
68	\$	63.00	\$ 91.40	\$ 28.40	\$ 110.30	\$ 47.30
69	\$	69.80	\$ 99.60	\$ 29.80	\$ 119.50	\$ 49.70
70	\$	77.20	\$ 107.60	\$ 30.40	\$ 128.00	\$ 50.80
71	\$	86.30	\$ 117.60	\$ 31.30	\$ 138.40	\$ 52.10
72	\$	96.20	\$ 129.20	\$ 33.00	\$ 151.20	\$ 55.00
73	\$	106.50	\$ 141.10	\$ 34.60	\$ 164.10	\$ 57.60
74	\$	116.70	\$ 152.60	\$ 35.90	\$ 176.50	\$ 59.80
75	\$	126.20	\$ 162.60	\$ 36.40	\$ 186.80	\$ 60.60
76	\$	134.70	\$ 171.40	\$ 36.70	\$ 195.90	\$ 61.20
77	\$	143.90	\$ 180.90	\$ 37.00	\$ 205.60	\$ 61.70
78	\$	155.40	\$ 193.20	\$ 37.80	\$ 218.40	\$ 63.00
79	\$	171.00	\$ 210.30	\$ 39.30	\$ 236.60	\$ 65.60
80	\$	191.40	\$ 231.20	\$ 39.80	\$ 257.70	\$ 66.30
81	\$	217.50	\$ 260.20	\$ 42.70	\$ 288.70	\$ 71.20
82	\$	247.70	\$ 293.80	\$ 46.10	\$ 324.50	\$ 76.80
83	\$	281.20	\$ 330.80	\$ 49.60	\$ 363.90	\$ 82.70
84	\$	316.90	\$ 370.00	\$ 53.10	\$ 405.40	\$ 88.50

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 15 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation			
			Total	Rider	Total	Rider		
50	\$	20.80	\$	39.40	\$	51.70	\$	30.90
51	\$	22.10	\$	41.30	\$	54.10	\$	32.00
52	\$	23.50	\$	43.40	\$	56.60	\$	33.10
53	\$	25.00	\$	45.50	\$	59.20	\$	34.20
54	\$	26.60	\$	47.80	\$	62.00	\$	35.40
55	\$	28.20	\$	50.30	\$	64.90	\$	36.70
56	\$	30.00	\$	52.70	\$	67.90	\$	37.90
57	\$	31.90	\$	55.40	\$	71.10	\$	39.20
58	\$	34.00	\$	58.30	\$	74.40	\$	40.40
59	\$	36.20	\$	61.20	\$	77.90	\$	41.70
60	\$	38.50	\$	63.90	\$	80.90	\$	42.40
61	\$	41.20	\$	67.40	\$	84.90	\$	43.70
62	\$	44.10	\$	71.10	\$	89.10	\$	45.00
63	\$	47.40	\$	75.20	\$	93.80	\$	46.40
64	\$	51.30	\$	80.00	\$	99.10	\$	47.80
65	\$	55.40	\$	84.60	\$	104.10	\$	48.70
66	\$	60.50	\$	90.80	\$	111.00	\$	50.50
67	\$	66.40	\$	98.00	\$	119.00	\$	52.60
68	\$	73.30	\$	106.30	\$	128.30	\$	55.00
69	\$	81.20	\$	115.80	\$	138.90	\$	57.70
70	\$	89.80	\$	125.20	\$	148.80	\$	59.00
71	\$	100.40	\$	136.70	\$	160.90	\$	60.50
72	\$	111.90	\$	150.20	\$	175.80	\$	63.90
73	\$	123.80	\$	164.00	\$	190.80	\$	67.00
74	\$	135.70	\$	177.40	\$	205.20	\$	69.50
75	\$	146.80	\$	189.10	\$	217.20	\$	70.40
76	\$	156.70	\$	199.30	\$	227.80	\$	71.10
77	\$	167.30	\$	210.30	\$	239.00	\$	71.70
78	\$	180.70	\$	224.60	\$	253.90	\$	73.20
79	\$	198.80	\$	244.60	\$	275.10	\$	76.30
80	\$	222.60	\$	268.80	\$	299.60	\$	77.00
81	\$	252.90	\$	302.60	\$	335.70	\$	82.80
82	\$	288.10	\$	341.70	\$	377.40	\$	89.30
83	\$	326.90	\$	384.70	\$	423.20	\$	96.30
84	\$	368.40	\$	430.20	\$	471.40	\$	103.00

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 15 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	24.20	\$ 45.80	\$ 21.60	\$ 60.10	\$ 35.90
51	\$	25.70	\$ 48.10	\$ 22.40	\$ 62.90	\$ 37.20
52	\$	27.30	\$ 50.40	\$ 23.10	\$ 65.80	\$ 38.50
53	\$	29.00	\$ 52.90	\$ 23.90	\$ 68.80	\$ 39.80
54	\$	30.90	\$ 55.60	\$ 24.70	\$ 72.10	\$ 41.20
55	\$	32.80	\$ 58.40	\$ 25.60	\$ 75.50	\$ 42.70
56	\$	34.90	\$ 61.30	\$ 26.40	\$ 79.00	\$ 44.10
57	\$	37.10	\$ 64.50	\$ 27.40	\$ 82.70	\$ 45.60
58	\$	39.50	\$ 67.70	\$ 28.20	\$ 86.60	\$ 47.10
59	\$	42.10	\$ 71.20	\$ 29.10	\$ 90.60	\$ 48.50
60	\$	44.70	\$ 74.40	\$ 29.70	\$ 94.10	\$ 49.40
61	\$	47.90	\$ 78.40	\$ 30.50	\$ 98.70	\$ 50.80
62	\$	51.30	\$ 82.70	\$ 31.40	\$ 103.60	\$ 52.30
63	\$	55.20	\$ 87.50	\$ 32.30	\$ 109.00	\$ 53.80
64	\$	59.60	\$ 93.00	\$ 33.40	\$ 115.20	\$ 55.60
65	\$	64.40	\$ 98.40	\$ 34.00	\$ 121.10	\$ 56.70
66	\$	70.30	\$ 105.60	\$ 35.30	\$ 129.10	\$ 58.80
67	\$	77.20	\$ 113.90	\$ 36.70	\$ 138.40	\$ 61.20
68	\$	85.20	\$ 123.60	\$ 38.40	\$ 149.10	\$ 63.90
69	\$	94.40	\$ 134.70	\$ 40.30	\$ 161.60	\$ 67.20
70	\$	104.40	\$ 145.50	\$ 41.10	\$ 173.00	\$ 68.60
71	\$	116.70	\$ 159.00	\$ 42.30	\$ 187.10	\$ 70.40
72	\$	130.10	\$ 174.70	\$ 44.60	\$ 204.40	\$ 74.30
73	\$	144.00	\$ 190.70	\$ 46.70	\$ 221.90	\$ 77.90
74	\$	157.80	\$ 206.30	\$ 48.50	\$ 238.60	\$ 80.80
75	\$	170.70	\$ 219.80	\$ 49.10	\$ 252.60	\$ 81.90
76	\$	182.20	\$ 231.80	\$ 49.60	\$ 264.80	\$ 82.60
77	\$	194.50	\$ 244.60	\$ 50.10	\$ 277.90	\$ 83.40
78	\$	210.10	\$ 261.20	\$ 51.10	\$ 295.30	\$ 85.20
79	\$	231.20	\$ 284.40	\$ 53.20	\$ 319.80	\$ 88.60
80	\$	258.80	\$ 312.60	\$ 53.80	\$ 348.40	\$ 89.60
81	\$	294.10	\$ 351.90	\$ 57.80	\$ 390.40	\$ 96.30
82	\$	335.00	\$ 397.30	\$ 62.30	\$ 438.80	\$ 103.80
83	\$	380.10	\$ 447.30	\$ 67.20	\$ 492.10	\$ 112.00
84	\$	428.40	\$ 500.20	\$ 71.80	\$ 548.10	\$ 119.70

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 30 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	7.60	\$ 14.30	\$ 6.70	\$ 18.80	\$ 11.20
51	\$	8.00	\$ 15.00	\$ 7.00	\$ 19.70	\$ 11.70
52	\$	8.50	\$ 15.80	\$ 7.30	\$ 20.60	\$ 12.10
53	\$	9.10	\$ 16.50	\$ 7.40	\$ 21.50	\$ 12.40
54	\$	9.70	\$ 17.40	\$ 7.70	\$ 22.50	\$ 12.80
55	\$	10.30	\$ 18.30	\$ 8.00	\$ 23.60	\$ 13.30
56	\$	10.90	\$ 19.20	\$ 8.30	\$ 24.70	\$ 13.80
57	\$	11.60	\$ 20.20	\$ 8.60	\$ 25.90	\$ 14.30
58	\$	12.40	\$ 21.20	\$ 8.80	\$ 27.10	\$ 14.70
59	\$	13.20	\$ 22.30	\$ 9.10	\$ 28.30	\$ 15.10
60	\$	14.00	\$ 23.20	\$ 9.20	\$ 29.40	\$ 15.40
61	\$	15.00	\$ 24.50	\$ 9.50	\$ 30.90	\$ 15.90
62	\$	16.00	\$ 25.90	\$ 9.90	\$ 32.40	\$ 16.40
63	\$	17.20	\$ 27.30	\$ 10.10	\$ 34.10	\$ 16.90
64	\$	18.60	\$ 29.10	\$ 10.50	\$ 36.00	\$ 17.40
65	\$	20.10	\$ 30.80	\$ 10.70	\$ 37.80	\$ 17.70
66	\$	22.00	\$ 33.00	\$ 11.00	\$ 40.30	\$ 18.30
67	\$	24.10	\$ 35.60	\$ 11.50	\$ 43.30	\$ 19.20
68	\$	26.60	\$ 38.60	\$ 12.00	\$ 46.60	\$ 20.00
69	\$	29.50	\$ 42.10	\$ 12.60	\$ 50.50	\$ 21.00
70	\$	32.60	\$ 45.50	\$ 12.90	\$ 54.10	\$ 21.50
71	\$	36.50	\$ 49.70	\$ 13.20	\$ 58.50	\$ 22.00
72	\$	40.70	\$ 54.60	\$ 13.90	\$ 63.90	\$ 23.20
73	\$	45.00	\$ 59.60	\$ 14.60	\$ 69.40	\$ 24.40
74	\$	49.30	\$ 64.50	\$ 15.20	\$ 74.60	\$ 25.30
75	\$	53.40	\$ 68.70	\$ 15.30	\$ 79.00	\$ 25.60
76	\$	57.00	\$ 72.50	\$ 15.50	\$ 82.80	\$ 25.80
77	\$	60.80	\$ 76.50	\$ 15.70	\$ 86.90	\$ 26.10
78	\$	65.70	\$ 81.70	\$ 16.00	\$ 92.30	\$ 26.60
79	\$	72.30	\$ 88.90	\$ 16.60	\$ 100.00	\$ 27.70
80	\$	80.90	\$ 97.70	\$ 16.80	\$ 108.90	\$ 28.00
81	\$	91.90	\$ 110.00	\$ 18.10	\$ 122.00	\$ 30.10
82	\$	104.70	\$ 124.20	\$ 19.50	\$ 137.20	\$ 32.50
83	\$	118.80	\$ 139.80	\$ 21.00	\$ 153.80	\$ 35.00
84	\$	133.90	\$ 156.40	\$ 22.50	\$ 171.30	\$ 37.40

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 30 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	10.90	\$ 20.70	\$ 9.80	\$ 27.20	\$ 16.30
51	\$	11.60	\$ 21.80	\$ 10.20	\$ 28.50	\$ 16.90
52	\$	12.40	\$ 22.80	\$ 10.40	\$ 29.80	\$ 17.40
53	\$	13.10	\$ 23.90	\$ 10.80	\$ 31.10	\$ 18.00
54	\$	14.00	\$ 25.20	\$ 11.20	\$ 32.60	\$ 18.60
55	\$	14.90	\$ 26.40	\$ 11.50	\$ 34.20	\$ 19.30
56	\$	15.80	\$ 27.70	\$ 11.90	\$ 35.70	\$ 19.90
57	\$	16.80	\$ 29.20	\$ 12.40	\$ 37.40	\$ 20.60
58	\$	17.90	\$ 30.70	\$ 12.80	\$ 39.20	\$ 21.30
59	\$	19.10	\$ 32.20	\$ 13.10	\$ 41.00	\$ 21.90
60	\$	20.20	\$ 33.60	\$ 13.40	\$ 42.60	\$ 22.40
61	\$	21.70	\$ 35.50	\$ 13.80	\$ 44.70	\$ 23.00
62	\$	23.20	\$ 37.40	\$ 14.20	\$ 46.90	\$ 23.70
63	\$	25.00	\$ 39.60	\$ 14.60	\$ 49.30	\$ 24.30
64	\$	27.00	\$ 42.10	\$ 15.10	\$ 52.10	\$ 25.10
65	\$	29.20	\$ 44.50	\$ 15.30	\$ 54.80	\$ 25.60
66	\$	31.80	\$ 47.80	\$ 16.00	\$ 58.40	\$ 26.60
67	\$	34.90	\$ 51.50	\$ 16.60	\$ 62.60	\$ 27.70
68	\$	38.50	\$ 55.90	\$ 17.40	\$ 67.50	\$ 29.00
69	\$	42.70	\$ 60.90	\$ 18.20	\$ 73.10	\$ 30.40
70	\$	47.20	\$ 65.80	\$ 18.60	\$ 78.30	\$ 31.10
71	\$	52.80	\$ 71.90	\$ 19.10	\$ 84.70	\$ 31.90
72	\$	58.80	\$ 79.00	\$ 20.20	\$ 92.50	\$ 33.70
73	\$	65.20	\$ 86.30	\$ 21.10	\$ 100.40	\$ 35.20
74	\$	71.40	\$ 93.30	\$ 21.90	\$ 108.00	\$ 36.60
75	\$	77.20	\$ 99.50	\$ 22.30	\$ 114.30	\$ 37.10
76	\$	82.40	\$ 104.90	\$ 22.50	\$ 119.80	\$ 37.40
77	\$	88.00	\$ 110.70	\$ 22.70	\$ 125.70	\$ 37.70
78	\$	95.10	\$ 118.20	\$ 23.10	\$ 133.60	\$ 38.50
79	\$	104.60	\$ 128.70	\$ 24.10	\$ 144.70	\$ 40.10
80	\$	117.10	\$ 141.40	\$ 24.30	\$ 157.60	\$ 40.50
81	\$	133.10	\$ 159.20	\$ 26.10	\$ 176.60	\$ 43.50
82	\$	151.50	\$ 179.70	\$ 28.20	\$ 198.50	\$ 47.00
83	\$	172.00	\$ 202.40	\$ 30.40	\$ 222.60	\$ 50.60
84	\$	193.80	\$ 226.30	\$ 32.50	\$ 248.00	\$ 54.20

Joint policies receive a 10% premium discount.



## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 30 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	13.90	\$ 26.40	\$ 12.50	\$ 34.60	\$ 20.70
51	\$	14.80	\$ 27.70	\$ 12.90	\$ 36.20	\$ 21.40
52	\$	15.70	\$ 29.00	\$ 13.30	\$ 37.90	\$ 22.20
53	\$	16.70	\$ 30.50	\$ 13.80	\$ 39.60	\$ 22.90
54	\$	17.80	\$ 32.00	\$ 14.20	\$ 41.50	\$ 23.70
55	\$	18.90	\$ 33.70	\$ 14.80	\$ 43.50	\$ 24.60
56	\$	20.10	\$ 35.30	\$ 15.20	\$ 45.50	\$ 25.40
57	\$	21.40	\$ 37.10	\$ 15.70	\$ 47.60	\$ 26.20
58	\$	22.80	\$ 39.00	\$ 16.20	\$ 49.80	\$ 27.00
59	\$	24.30	\$ 41.00	\$ 16.70	\$ 52.20	\$ 27.90
60	\$	25.80	\$ 42.80	\$ 17.00	\$ 54.20	\$ 28.40
61	\$	27.60	\$ 45.10	\$ 17.50	\$ 56.80	\$ 29.20
62	\$	29.50	\$ 47.60	\$ 18.10	\$ 59.70	\$ 30.20
63	\$	31.80	\$ 50.40	\$ 18.60	\$ 62.80	\$ 31.00
64	\$	34.30	\$ 53.50	\$ 19.20	\$ 66.40	\$ 32.10
65	\$	37.10	\$ 56.70	\$ 19.60	\$ 69.70	\$ 32.60
66	\$	40.50	\$ 60.80	\$ 20.30	\$ 74.30	\$ 33.80
67	\$	44.40	\$ 65.60	\$ 21.20	\$ 79.70	\$ 35.30
68	\$	49.00	\$ 71.10	\$ 22.10	\$ 85.90	\$ 36.90
69	\$	54.40	\$ 77.60	\$ 23.20	\$ 93.00	\$ 38.60
70	\$	60.10	\$ 83.80	\$ 23.70	\$ 99.60	\$ 39.50
71	\$	67.20	\$ 91.50	\$ 24.30	\$ 107.80	\$ 40.60
72	\$	74.90	\$ 100.60	\$ 25.70	\$ 117.70	\$ 42.80
73	\$	82.90	\$ 109.80	\$ 26.90	\$ 127.80	\$ 44.90
74	\$	90.90	\$ 118.80	\$ 27.90	\$ 137.40	\$ 46.50
75	\$	98.30	\$ 126.60	\$ 28.30	\$ 145.50	\$ 47.20
76	\$	104.90	\$ 133.50	\$ 28.60	\$ 152.50	\$ 47.60
77	\$	112.00	\$ 140.80	\$ 28.80	\$ 160.00	\$ 48.00
78	\$	121.00	\$ 150.40	\$ 29.40	\$ 170.00	\$ 49.00
79	\$	133.10	\$ 163.80	\$ 30.70	\$ 184.20	\$ 51.10
80	\$	149.00	\$ 180.00	\$ 31.00	\$ 200.60	\$ 51.60
81	\$	169.40	\$ 202.60	\$ 33.20	\$ 224.80	\$ 55.40
82	\$	192.90	\$ 228.80	\$ 35.90	\$ 252.70	\$ 59.80
83	\$	218.90	\$ 257.60	\$ 38.70	\$ 283.30	\$ 64.40
84	\$	246.70	\$ 288.00	\$ 41.30	\$ 315.60	\$ 68.90

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 30 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	17.10	\$ 32.40	\$ 15.30	\$ 42.50	\$ 25.40
51	\$	18.20	\$ 34.00	\$ 15.80	\$ 44.50	\$ 26.30
52	\$	19.30	\$ 35.70	\$ 16.40	\$ 46.60	\$ 27.30
53	\$	20.50	\$ 37.40	\$ 16.90	\$ 48.70	\$ 28.20
54	\$	21.80	\$ 39.30	\$ 17.50	\$ 51.00	\$ 29.20
55	\$	23.20	\$ 41.30	\$ 18.10	\$ 53.40	\$ 30.20
56	\$	24.70	\$ 43.40	\$ 18.70	\$ 55.90	\$ 31.20
57	\$	26.30	\$ 45.60	\$ 19.30	\$ 58.50	\$ 32.20
58	\$	28.00	\$ 47.90	\$ 19.90	\$ 61.20	\$ 33.20
59	\$	29.80	\$ 50.40	\$ 20.60	\$ 64.10	\$ 34.30
60	\$	31.60	\$ 52.60	\$ 21.00	\$ 66.50	\$ 34.90
61	\$	33.90	\$ 55.40	\$ 21.50	\$ 69.80	\$ 35.90
62	\$	36.30	\$ 58.50	\$ 22.20	\$ 73.30	\$ 37.00
63	\$	39.00	\$ 61.90	\$ 22.90	\$ 77.10	\$ 38.10
64	\$	42.20	\$ 65.80	\$ 23.60	\$ 81.50	\$ 39.30
65	\$	45.60	\$ 69.60	\$ 24.00	\$ 85.60	\$ 40.00
66	\$	49.70	\$ 74.70	\$ 25.00	\$ 91.30	\$ 41.60
67	\$	54.60	\$ 80.60	\$ 26.00	\$ 97.90	\$ 43.30
68	\$	60.30	\$ 87.40	\$ 27.10	\$ 105.50	\$ 45.20
69	\$	66.80	\$ 95.30	\$ 28.50	\$ 114.30	\$ 47.50
70	\$	73.90	\$ 103.00	\$ 29.10	\$ 122.40	\$ 48.50
71	\$	82.60	\$ 112.50	\$ 29.90	\$ 132.40	\$ 49.80
72	\$	92.00	\$ 123.60	\$ 31.60	\$ 144.60	\$ 52.60
73	\$	101.90	\$ 134.90	\$ 33.00	\$ 157.00	\$ 55.10
74	\$	111.70	\$ 145.90	\$ 34.20	\$ 168.80	\$ 57.10
75	\$	120.70	\$ 155.50	\$ 34.80	\$ 178.70	\$ 58.00
76	\$	128.90	\$ 164.00	\$ 35.10	\$ 187.40	\$ 58.50
77	\$	137.60	\$ 173.00	\$ 35.40	\$ 196.60	\$ 59.00
78	\$	148.60	\$ 184.80	\$ 36.20	\$ 208.90	\$ 60.30
79	\$	163.50	\$ 201.20	\$ 37.70	\$ 226.30	\$ 62.80
80	\$	183.10	\$ 221.10	\$ 38.00	\$ 246.50	\$ 63.40
81	\$	208.10	\$ 248.90	\$ 40.80	\$ 276.20	\$ 68.10
82	\$	237.00	\$ 281.10	\$ 44.10	\$ 310.40	\$ 73.40
83	\$	268.90	\$ 316.40	\$ 47.50	\$ 348.10	\$ 79.20
84	\$	303.10	\$ 353.90	\$ 50.80	\$ 387.80	\$ 84.70

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 30 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	19.90	\$ 37.60	\$ 17.70	\$ 49.50	\$ 29.60
51	\$	21.20	\$ 39.50	\$ 18.30	\$ 51.80	\$ 30.60
52	\$	22.50	\$ 41.50	\$ 19.00	\$ 54.10	\$ 31.60
53	\$	23.90	\$ 43.50	\$ 19.60	\$ 56.60	\$ 32.70
54	\$	25.40	\$ 45.80	\$ 20.40	\$ 59.30	\$ 33.90
55	\$	27.00	\$ 48.10	\$ 21.10	\$ 62.10	\$ 35.10
56	\$	28.70	\$ 50.50	\$ 21.80	\$ 65.00	\$ 36.30
57	\$	30.50	\$ 53.00	\$ 22.50	\$ 68.00	\$ 37.50
58	\$	32.50	\$ 55.70	\$ 23.20	\$ 71.20	\$ 38.70
59	\$	34.70	\$ 58.60	\$ 23.90	\$ 74.50	\$ 39.80
60	\$	36.80	\$ 61.20	\$ 24.40	\$ 77.40	\$ 40.60
61	\$	39.40	\$ 64.50	\$ 25.10	\$ 81.20	\$ 41.80
62	\$	42.20	\$ 68.00	\$ 25.80	\$ 85.20	\$ 43.00
63	\$	45.40	\$ 71.90	\$ 26.50	\$ 89.70	\$ 44.30
64	\$	49.00	\$ 76.50	\$ 27.50	\$ 94.80	\$ 45.80
65	\$	53.00	\$ 80.90	\$ 27.90	\$ 99.60	\$ 46.60
66	\$	57.80	\$ 86.90	\$ 29.10	\$ 106.20	\$ 48.40
67	\$	63.50	\$ 93.70	\$ 30.20	\$ 113.80	\$ 50.30
68	\$	70.10	\$ 101.60	\$ 31.50	\$ 122.70	\$ 52.60
69	\$	77.70	\$ 110.80	\$ 33.10	\$ 132.90	\$ 55.20
70	\$	85.90	\$ 119.70	\$ 33.80	\$ 142.30	\$ 56.40
71	\$	96.00	\$ 130.80	\$ 34.80	\$ 153.90	\$ 57.90
72	\$	107.00	\$ 143.70	\$ 36.70	\$ 168.10	\$ 61.10
73	\$	118.50	\$ 156.90	\$ 38.40	\$ 182.50	\$ 64.00
74	\$	129.80	\$ 169.70	\$ 39.90	\$ 196.30	\$ 66.50
75	\$	140.40	\$ 180.80	\$ 40.40	\$ 207.80	\$ 67.40
76	\$	149.90	\$ 190.70	\$ 40.80	\$ 217.90	\$ 68.00
77	\$	160.00	\$ 201.20	\$ 41.20	\$ 228.60	\$ 68.60
78	\$	172.80	\$ 214.90	\$ 42.10	\$ 242.90	\$ 70.10
79	\$	190.20	\$ 233.90	\$ 43.70	\$ 263.10	\$ 72.90
80	\$	212.90	\$ 257.10	\$ 44.20	\$ 286.60	\$ 73.70
81	\$	241.90	\$ 289.40	\$ 47.50	\$ 321.10	\$ 79.20
82	\$	275.50	\$ 326.80	\$ 51.30	\$ 361.00	\$ 85.50
83	\$	312.70	\$ 367.90	\$ 55.20	\$ 404.80	\$ 92.10
84	\$	352.40	\$ 411.50	\$ 59.10	\$ 450.90	\$ 98.50

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 30 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation			
			Total	Rider	Total	Rider		
50	\$	23.10	\$	43.80	\$	57.50	\$	34.40
51	\$	24.60	\$	46.00	\$	60.20	\$	35.60
52	\$	26.10	\$	48.20	\$	63.00	\$	36.90
53	\$	27.80	\$	50.60	\$	65.80	\$	38.00
54	\$	29.50	\$	53.20	\$	69.00	\$	39.50
55	\$	31.40	\$	55.90	\$	72.20	\$	40.80
56	\$	33.40	\$	58.70	\$	75.50	\$	42.10
57	\$	35.50	\$	61.70	\$	79.10	\$	43.60
58	\$	37.80	\$	64.80	\$	82.80	\$	45.00
59	\$	40.30	\$	68.10	\$	86.70	\$	46.40
60	\$	42.80	\$	71.10	\$	90.00	\$	47.20
61	\$	45.80	\$	75.00	\$	94.40	\$	48.60
62	\$	49.10	\$	79.10	\$	99.10	\$	50.00
63	\$	52.80	\$	83.70	\$	104.30	\$	51.50
64	\$	57.00	\$	88.90	\$	110.20	\$	53.20
65	\$	61.60	\$	94.10	\$	115.80	\$	54.20
66	\$	67.30	\$	101.00	\$	123.50	\$	56.20
67	\$	73.80	\$	108.90	\$	132.40	\$	58.60
68	\$	81.50	\$	118.20	\$	142.70	\$	61.20
69	\$	90.30	\$	128.80	\$	154.50	\$	64.20
70	\$	99.90	\$	139.20	\$	165.50	\$	65.60
71	\$	111.60	\$	152.00	\$	179.00	\$	67.40
72	\$	124.40	\$	167.10	\$	195.50	\$	71.10
73	\$	137.70	\$	182.40	\$	212.20	\$	74.50
74	\$	151.00	\$	197.30	\$	228.20	\$	77.20
75	\$	163.30	\$	210.30	\$	241.60	\$	78.30
76	\$	174.30	\$	221.70	\$	253.30	\$	79.00
77	\$	186.10	\$	233.90	\$	265.80	\$	79.70
78	\$	201.00	\$	249.80	\$	282.40	\$	81.40
79	\$	221.10	\$	272.00	\$	305.90	\$	84.80
80	\$	247.50	\$	299.00	\$	333.30	\$	85.80
81	\$	281.30	\$	336.60	\$	373.40	\$	92.10
82	\$	320.40	\$	380.00	\$	419.70	\$	99.30
83	\$	363.60	\$	427.80	\$	470.70	\$	107.10
84	\$	409.80	\$	478.50	\$	524.30	\$	114.50

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 100 days

Benefit Period - 100 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	6.40	\$ 12.20	\$ 5.80	\$ 16.00	\$ 9.60
51	\$	6.90	\$ 12.80	\$ 5.90	\$ 16.80	\$ 9.90
52	\$	7.30	\$ 13.40	\$ 6.10	\$ 17.50	\$ 10.20
53	\$	7.70	\$ 14.10	\$ 6.40	\$ 18.30	\$ 10.60
54	\$	8.20	\$ 14.80	\$ 6.60	\$ 19.20	\$ 11.00
55	\$	8.70	\$ 15.60	\$ 6.90	\$ 20.10	\$ 11.40
56	\$	9.30	\$ 16.30	\$ 7.00	\$ 21.00	\$ 11.70
57	\$	9.90	\$ 17.20	\$ 7.30	\$ 22.00	\$ 12.10
58	\$	10.50	\$ 18.00	\$ 7.50	\$ 23.10	\$ 12.60
59	\$	11.20	\$ 19.00	\$ 7.80	\$ 24.10	\$ 12.90
60	\$	11.90	\$ 19.80	\$ 7.90	\$ 25.10	\$ 13.20
61	\$	12.80	\$ 20.90	\$ 8.10	\$ 26.30	\$ 13.50
62	\$	13.70	\$ 22.00	\$ 8.30	\$ 27.60	\$ 13.90
63	\$	14.70	\$ 23.30	\$ 8.60	\$ 29.00	\$ 14.30
64	\$	15.90	\$ 24.80	\$ 8.90	\$ 30.70	\$ 14.80
65	\$	17.20	\$ 26.20	\$ 9.00	\$ 32.30	\$ 15.10
66	\$	18.70	\$ 28.10	\$ 9.40	\$ 34.40	\$ 15.70
67	\$	20.60	\$ 30.30	\$ 9.70	\$ 36.90	\$ 16.30
68	\$	22.70	\$ 32.90	\$ 10.20	\$ 39.70	\$ 17.00
69	\$	25.20	\$ 35.90	\$ 10.70	\$ 43.00	\$ 17.80
70	\$	27.80	\$ 38.80	\$ 11.00	\$ 46.10	\$ 18.30
71	\$	31.10	\$ 42.30	\$ 11.20	\$ 49.90	\$ 18.80
72	\$	34.70	\$ 46.50	\$ 11.80	\$ 54.50	\$ 19.80
73	\$	38.40	\$ 50.80	\$ 12.40	\$ 59.10	\$ 20.70
74	\$	42.00	\$ 55.00	\$ 13.00	\$ 63.60	\$ 21.60
75	\$	45.50	\$ 58.60	\$ 13.10	\$ 67.30	\$ 21.80
76	\$	48.50	\$ 61.70	\$ 13.20	\$ 70.60	\$ 22.10
77	\$	51.80	\$ 65.20	\$ 13.40	\$ 74.00	\$ 22.20
78	\$	56.00	\$ 69.60	\$ 13.60	\$ 78.70	\$ 22.70
79	\$	61.60	\$ 75.80	\$ 14.20	\$ 85.20	\$ 23.60
80	\$	68.90	\$ 83.30	\$ 14.40	\$ 92.80	\$ 23.90
81	\$	78.40	\$ 93.70	\$ 15.30	\$ 104.00	\$ 25.60
82	\$	89.20	\$ 105.80	\$ 16.60	\$ 116.90	\$ 27.70
83	\$	101.30	\$ 119.20	\$ 17.90	\$ 131.10	\$ 29.80
84	\$	114.10	\$ 133.30	\$ 19.20	\$ 146.00	\$ 31.90

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 100 days

Benefit Period - 150 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		<u>3% Simple Inflation</u>		<u>5% Simple Inflation</u>	
			Total	Rider	Total	Rider
50	\$	9.30	\$ 17.60	\$ 8.30	\$ 23.20	\$ 13.90
51	\$	9.90	\$ 18.50	\$ 8.60	\$ 24.30	\$ 14.40
52	\$	10.50	\$ 19.40	\$ 8.90	\$ 25.40	\$ 14.90
53	\$	11.20	\$ 20.40	\$ 9.20	\$ 26.50	\$ 15.30
54	\$	11.90	\$ 21.40	\$ 9.50	\$ 27.80	\$ 15.90
55	\$	12.70	\$ 22.50	\$ 9.80	\$ 29.10	\$ 16.40
56	\$	13.50	\$ 23.60	\$ 10.10	\$ 30.50	\$ 17.00
57	\$	14.30	\$ 24.90	\$ 10.60	\$ 31.90	\$ 17.60
58	\$	15.20	\$ 26.10	\$ 10.90	\$ 33.40	\$ 18.20
59	\$	16.20	\$ 27.50	\$ 11.30	\$ 34.90	\$ 18.70
60	\$	17.30	\$ 28.70	\$ 11.40	\$ 36.30	\$ 19.00
61	\$	18.50	\$ 30.20	\$ 11.70	\$ 38.10	\$ 19.60
62	\$	19.80	\$ 31.90	\$ 12.10	\$ 39.90	\$ 20.10
63	\$	21.30	\$ 33.70	\$ 12.40	\$ 42.00	\$ 20.70
64	\$	23.00	\$ 35.90	\$ 12.90	\$ 44.40	\$ 21.40
65	\$	24.80	\$ 37.90	\$ 13.10	\$ 46.70	\$ 21.90
66	\$	27.10	\$ 40.70	\$ 13.60	\$ 49.80	\$ 22.70
67	\$	29.80	\$ 43.90	\$ 14.10	\$ 53.40	\$ 23.60
68	\$	32.80	\$ 47.60	\$ 14.80	\$ 57.50	\$ 24.70
69	\$	36.40	\$ 51.90	\$ 15.50	\$ 62.30	\$ 25.90
70	\$	40.30	\$ 56.10	\$ 15.80	\$ 66.70	\$ 26.40
71	\$	45.00	\$ 61.30	\$ 16.30	\$ 72.20	\$ 27.20
72	\$	50.20	\$ 67.40	\$ 17.20	\$ 78.80	\$ 28.60
73	\$	55.50	\$ 73.50	\$ 18.00	\$ 85.50	\$ 30.00
74	\$	60.90	\$ 79.50	\$ 18.60	\$ 92.00	\$ 31.10
75	\$	65.80	\$ 84.80	\$ 19.00	\$ 97.40	\$ 31.60
76	\$	70.30	\$ 89.40	\$ 19.10	\$ 102.10	\$ 31.80
77	\$	75.00	\$ 94.30	\$ 19.30	\$ 107.20	\$ 32.20
78	\$	81.00	\$ 100.70	\$ 19.70	\$ 113.90	\$ 32.90
79	\$	89.10	\$ 109.70	\$ 20.60	\$ 123.30	\$ 34.20
80	\$	99.80	\$ 120.50	\$ 20.70	\$ 134.30	\$ 34.50
81	\$	113.40	\$ 135.70	\$ 22.30	\$ 150.50	\$ 37.10
82	\$	129.20	\$ 153.20	\$ 24.00	\$ 169.20	\$ 40.00
83	\$	146.60	\$ 172.50	\$ 25.90	\$ 189.70	\$ 43.10
84	\$	165.20	\$ 192.90	\$ 27.70	\$ 211.40	\$ 46.20

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 100 days

Benefit Period - 200 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	11.90	\$ 22.50	\$ 10.60	\$ 29.50	\$ 17.60
51	\$	12.60	\$ 23.60	\$ 11.00	\$ 30.90	\$ 18.30
52	\$	13.40	\$ 24.70	\$ 11.30	\$ 32.30	\$ 18.90
53	\$	14.20	\$ 26.00	\$ 11.80	\$ 33.80	\$ 19.60
54	\$	15.20	\$ 27.30	\$ 12.10	\$ 35.40	\$ 20.20
55	\$	16.10	\$ 28.70	\$ 12.60	\$ 37.10	\$ 21.00
56	\$	17.10	\$ 30.10	\$ 13.00	\$ 38.80	\$ 21.70
57	\$	18.20	\$ 31.60	\$ 13.40	\$ 40.60	\$ 22.40
58	\$	19.40	\$ 33.20	\$ 13.80	\$ 42.50	\$ 23.10
59	\$	20.70	\$ 34.90	\$ 14.20	\$ 44.50	\$ 23.80
60	\$	22.00	\$ 36.50	\$ 14.50	\$ 46.20	\$ 24.20
61	\$	23.50	\$ 38.50	\$ 15.00	\$ 48.40	\$ 24.90
62	\$	25.20	\$ 40.60	\$ 15.40	\$ 50.80	\$ 25.60
63	\$	27.10	\$ 42.90	\$ 15.80	\$ 53.50	\$ 26.40
64	\$	29.20	\$ 45.60	\$ 16.40	\$ 56.60	\$ 27.40
65	\$	31.60	\$ 48.30	\$ 16.70	\$ 59.40	\$ 27.80
66	\$	34.50	\$ 51.80	\$ 17.30	\$ 63.30	\$ 28.80
67	\$	37.90	\$ 55.90	\$ 18.00	\$ 67.90	\$ 30.00
68	\$	41.80	\$ 60.60	\$ 18.80	\$ 73.20	\$ 31.40
69	\$	46.30	\$ 66.10	\$ 19.80	\$ 79.30	\$ 33.00
70	\$	51.20	\$ 71.40	\$ 20.20	\$ 84.90	\$ 33.70
71	\$	57.30	\$ 78.00	\$ 20.70	\$ 91.80	\$ 34.50
72	\$	63.80	\$ 85.70	\$ 21.90	\$ 100.30	\$ 36.50
73	\$	70.70	\$ 93.60	\$ 22.90	\$ 108.90	\$ 38.20
74	\$	77.50	\$ 101.20	\$ 23.70	\$ 117.10	\$ 39.60
75	\$	83.80	\$ 107.90	\$ 24.10	\$ 124.00	\$ 40.20
76	\$	89.40	\$ 113.70	\$ 24.30	\$ 130.00	\$ 40.60
77	\$	95.50	\$ 120.00	\$ 24.50	\$ 136.40	\$ 40.90
78	\$	103.10	\$ 128.20	\$ 25.10	\$ 144.90	\$ 41.80
79	\$	113.40	\$ 139.60	\$ 26.20	\$ 157.00	\$ 43.60
80	\$	127.00	\$ 153.40	\$ 26.40	\$ 171.00	\$ 44.00
81	\$	144.30	\$ 172.70	\$ 28.40	\$ 191.60	\$ 47.30
82	\$	164.40	\$ 195.00	\$ 30.60	\$ 215.30	\$ 50.90
83	\$	186.60	\$ 219.50	\$ 32.90	\$ 241.50	\$ 54.90
84	\$	210.20	\$ 245.50	\$ 35.30	\$ 269.00	\$ 58.80

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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### Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 100 days

Benefit Period - 250 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	14.60	\$ 27.60	\$ 13.00	\$ 36.30	\$ 21.70
51	\$	15.50	\$ 29.00	\$ 13.50	\$ 37.90	\$ 22.40
52	\$	16.50	\$ 30.40	\$ 13.90	\$ 39.70	\$ 23.20
53	\$	17.50	\$ 31.90	\$ 14.40	\$ 41.50	\$ 24.00
54	\$	18.60	\$ 33.50	\$ 14.90	\$ 43.50	\$ 24.90
55	\$	19.80	\$ 35.20	\$ 15.40	\$ 45.50	\$ 25.70
56	\$	21.00	\$ 37.00	\$ 16.00	\$ 47.60	\$ 26.60
57	\$	22.40	\$ 38.90	\$ 16.50	\$ 49.90	\$ 27.50
58	\$	23.80	\$ 40.80	\$ 17.00	\$ 52.20	\$ 28.40
59	\$	25.40	\$ 42.90	\$ 17.50	\$ 54.60	\$ 29.20
60	\$	27.00	\$ 44.80	\$ 17.80	\$ 56.70	\$ 29.70
61	\$	28.90	\$ 47.30	\$ 18.40	\$ 59.50	\$ 30.60
62	\$	30.90	\$ 49.90	\$ 19.00	\$ 62.50	\$ 31.60
63	\$	33.30	\$ 52.70	\$ 19.40	\$ 65.70	\$ 32.40
64	\$	35.90	\$ 56.10	\$ 20.20	\$ 69.50	\$ 33.60
65	\$	38.90	\$ 59.30	\$ 20.40	\$ 73.00	\$ 34.10
66	\$	42.40	\$ 63.70	\$ 21.30	\$ 77.80	\$ 35.40
67	\$	46.50	\$ 68.70	\$ 22.20	\$ 83.40	\$ 36.90
68	\$	51.40	\$ 74.50	\$ 23.10	\$ 89.90	\$ 38.50
69	\$	56.90	\$ 81.20	\$ 24.30	\$ 97.40	\$ 40.50
70	\$	62.90	\$ 87.80	\$ 24.90	\$ 104.30	\$ 41.40
71	\$	70.40	\$ 95.80	\$ 25.40	\$ 112.80	\$ 42.40
72	\$	78.40	\$ 105.30	\$ 26.90	\$ 123.20	\$ 44.80
73	\$	86.80	\$ 115.00	\$ 28.20	\$ 133.80	\$ 47.00
74	\$	95.20	\$ 124.40	\$ 29.20	\$ 143.90	\$ 48.70
75	\$	102.90	\$ 132.50	\$ 29.60	\$ 152.30	\$ 49.40
76	\$	109.80	\$ 139.70	\$ 29.90	\$ 159.70	\$ 49.90
77	\$	117.30	\$ 147.50	\$ 30.20	\$ 167.60	\$ 50.30
78	\$	126.70	\$ 157.50	\$ 30.80	\$ 178.00	\$ 51.30
79	\$	139.40	\$ 171.50	\$ 32.10	\$ 192.80	\$ 53.40
80	\$	156.00	\$ 188.40	\$ 32.40	\$ 210.10	\$ 54.10
81	\$	177.30	\$ 212.20	\$ 34.90	\$ 235.40	\$ 58.10
82	\$	202.00	\$ 239.50	\$ 37.50	\$ 264.60	\$ 62.60
83	\$	229.20	\$ 269.70	\$ 40.50	\$ 296.70	\$ 67.50
84	\$	258.30	\$ 301.60	\$ 43.30	\$ 330.50	\$ 72.20

Joint policies receive a 10% premium discount.



## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 100 days

Benefit Period - 300 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	17.00	\$ 32.10	\$ 15.10	\$ 42.20	\$ 25.20
51	\$	18.00	\$ 33.70	\$ 15.70	\$ 44.10	\$ 26.10
52	\$	19.10	\$ 35.30	\$ 16.20	\$ 46.10	\$ 27.00
53	\$	20.30	\$ 37.10	\$ 16.80	\$ 48.30	\$ 28.00
54	\$	21.60	\$ 39.00	\$ 17.40	\$ 50.60	\$ 29.00
55	\$	23.00	\$ 41.00	\$ 18.00	\$ 52.90	\$ 29.90
56	\$	24.50	\$ 43.00	\$ 18.50	\$ 55.40	\$ 30.90
57	\$	26.00	\$ 45.20	\$ 19.20	\$ 58.00	\$ 32.00
58	\$	27.70	\$ 47.50	\$ 19.80	\$ 60.70	\$ 33.00
59	\$	29.50	\$ 49.90	\$ 20.40	\$ 63.50	\$ 34.00
60	\$	31.40	\$ 52.10	\$ 20.70	\$ 65.90	\$ 34.50
61	\$	33.60	\$ 54.90	\$ 21.30	\$ 69.20	\$ 35.60
62	\$	36.00	\$ 58.00	\$ 22.00	\$ 72.60	\$ 36.60
63	\$	38.70	\$ 61.30	\$ 22.60	\$ 76.40	\$ 37.70
64	\$	41.80	\$ 65.20	\$ 23.40	\$ 80.80	\$ 39.00
65	\$	45.20	\$ 69.00	\$ 23.80	\$ 84.90	\$ 39.70
66	\$	49.30	\$ 74.00	\$ 24.70	\$ 90.50	\$ 41.20
67	\$	54.10	\$ 79.90	\$ 25.80	\$ 97.00	\$ 42.90
68	\$	59.70	\$ 86.60	\$ 26.90	\$ 104.60	\$ 44.90
69	\$	66.20	\$ 94.40	\$ 28.20	\$ 113.30	\$ 47.10
70	\$	73.20	\$ 102.00	\$ 28.80	\$ 121.30	\$ 48.10
71	\$	81.80	\$ 111.40	\$ 29.60	\$ 131.20	\$ 49.40
72	\$	91.20	\$ 122.50	\$ 31.30	\$ 143.30	\$ 52.10
73	\$	101.00	\$ 133.70	\$ 32.70	\$ 155.50	\$ 54.50
74	\$	110.70	\$ 144.60	\$ 33.90	\$ 167.30	\$ 56.60
75	\$	119.70	\$ 154.10	\$ 34.40	\$ 177.10	\$ 57.40
76	\$	127.70	\$ 162.50	\$ 34.80	\$ 185.70	\$ 58.00
77	\$	136.40	\$ 171.50	\$ 35.10	\$ 194.90	\$ 58.50
78	\$	147.30	\$ 183.10	\$ 35.80	\$ 207.00	\$ 59.70
79	\$	162.10	\$ 199.40	\$ 37.30	\$ 224.20	\$ 62.10
80	\$	181.40	\$ 219.10	\$ 37.70	\$ 244.30	\$ 62.90
81	\$	206.20	\$ 246.70	\$ 40.50	\$ 273.70	\$ 67.50
82	\$	234.80	\$ 278.50	\$ 43.70	\$ 307.60	\$ 72.80
83	\$	266.50	\$ 313.60	\$ 47.10	\$ 345.00	\$ 78.50
84	\$	300.40	\$ 350.70	\$ 50.30	\$ 384.30	\$ 83.90

Joint policies receive a 10% premium discount.

## Equitable Life & Casualty Insurance Company

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Short-Term Care Policy

Forms 792 FC, E-792-INF

Elimination Period - 100 days

Benefit Period - 350 days

Unit - \$10 daily benefit

### Premium Exhibit - Annual Premium per Unit

Issue Age	No Inflation		3% Simple Inflation		5% Simple Inflation	
			Total	Rider	Total	Rider
50	\$	19.70	\$ 37.30	\$ 17.60	\$ 49.00	\$ 29.30
51	\$	21.00	\$ 39.20	\$ 18.20	\$ 51.30	\$ 30.30
52	\$	22.30	\$ 41.10	\$ 18.80	\$ 53.70	\$ 31.40
53	\$	23.70	\$ 43.10	\$ 19.40	\$ 56.10	\$ 32.40
54	\$	25.20	\$ 45.30	\$ 20.10	\$ 58.80	\$ 33.60
55	\$	26.80	\$ 47.60	\$ 20.80	\$ 61.60	\$ 34.80
56	\$	28.40	\$ 50.00	\$ 21.60	\$ 64.40	\$ 36.00
57	\$	30.30	\$ 52.60	\$ 22.30	\$ 67.40	\$ 37.10
58	\$	32.20	\$ 55.20	\$ 23.00	\$ 70.60	\$ 38.40
59	\$	34.40	\$ 58.10	\$ 23.70	\$ 73.90	\$ 39.50
60	\$	36.50	\$ 60.60	\$ 24.10	\$ 76.70	\$ 40.20
61	\$	39.00	\$ 63.90	\$ 24.90	\$ 80.50	\$ 41.50
62	\$	41.80	\$ 67.40	\$ 25.60	\$ 84.50	\$ 42.70
63	\$	45.00	\$ 71.30	\$ 26.30	\$ 88.90	\$ 43.90
64	\$	48.60	\$ 75.80	\$ 27.20	\$ 94.00	\$ 45.40
65	\$	52.50	\$ 80.20	\$ 27.70	\$ 98.70	\$ 46.20
66	\$	57.30	\$ 86.10	\$ 28.80	\$ 105.20	\$ 47.90
67	\$	62.90	\$ 92.90	\$ 30.00	\$ 112.80	\$ 49.90
68	\$	69.40	\$ 100.70	\$ 31.30	\$ 121.60	\$ 52.20
69	\$	77.00	\$ 109.80	\$ 32.80	\$ 131.70	\$ 54.70
70	\$	85.10	\$ 118.60	\$ 33.50	\$ 141.00	\$ 55.90
71	\$	95.10	\$ 129.60	\$ 34.50	\$ 152.60	\$ 57.50
72	\$	106.00	\$ 142.40	\$ 36.40	\$ 166.60	\$ 60.60
73	\$	117.40	\$ 155.50	\$ 38.10	\$ 180.90	\$ 63.50
74	\$	128.70	\$ 168.20	\$ 39.50	\$ 194.50	\$ 65.80
75	\$	139.10	\$ 179.20	\$ 40.10	\$ 205.90	\$ 66.80
76	\$	148.50	\$ 188.90	\$ 40.40	\$ 215.90	\$ 67.40
77	\$	158.60	\$ 199.40	\$ 40.80	\$ 226.60	\$ 68.00
78	\$	171.30	\$ 212.90	\$ 41.60	\$ 240.70	\$ 69.40
79	\$	188.50	\$ 231.80	\$ 43.30	\$ 260.70	\$ 72.20
80	\$	211.00	\$ 254.80	\$ 43.80	\$ 284.00	\$ 73.00
81	\$	239.80	\$ 286.80	\$ 47.00	\$ 318.20	\$ 78.40
82	\$	273.10	\$ 323.90	\$ 50.80	\$ 357.70	\$ 84.60
83	\$	309.90	\$ 364.60	\$ 54.70	\$ 401.10	\$ 91.20
84	\$	349.20	\$ 407.80	\$ 58.60	\$ 446.80	\$ 97.60

Joint policies receive a 10% premium discount.

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Equitable Life & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	H13I Individual Health - Short Term Care/H13I.002 Nursing Home		
<b>Product Name:</b>	Short Term Care		
<b>Project Name/Number:</b>	Short Term Care/792		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	07/27/2012
Comments:			
Attachment(s):			
AR Flesch Certification 792.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	07/27/2012
Comments:	See Form Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	07/27/2012
Comments:	See Form Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	07/27/2012
Comments:			
Attachment(s):			
Statement of Variability 792.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Redlined Forms	Approved	07/27/2012
Comments:			
Attachment(s):			
792_ar redlined.pdf 792-FC_ar redlined .pdf a-792_ar app redlined.pdf OLC 792 AR redlined.pdf			



*Ambassadors Of Caring*

## CERTIFICATION

RE: EquiCare, Limited Health Benefit Insurance Policies -  
Form 792 and Form 792 FC

This is to certify that the attached policy Form 792 has achieved a Flesch Reading Ease Score of 46.6 and the attached policy Form 792 FC has achieved a Flesch Reading Ease Score of 46.2. These policies comply with the requirements of Arkansas Stat. Ann. 66-3251 through 6-3258 cited as the Life and Disability Insurance Policy Language Simplification Act.

Dated this June 8, 2012

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY



By  
Kendall R. Surfass  
Vice President, General Counsel, Corporate Secretary and Vice Chairman



*Ambassadors Of Caring*

**STATEMENT OF VARIABILITY  
POLICY FORMS 792 & 792 FC**

**SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY OR HOME CARE RECOVERY  
BENEFITS**

The variable data contained in these forms is generally limited to available benefit amounts, insured information (name, policy number, etc), addresses, telephone numbers and signatures. All such data is bracketed to denote variability.

The variability data for each form is as follows:

**POLICY FORMS 792 AND 792 FC**

*Entire Policy, Company Information:* The company information, including addresses, phone numbers and officer signatures throughout the policy are all variable as they are subject to change from time to time.

*Page 1, Policy Face Page; Premium Changes:* The time frame for notification of a change in premium, "{thirty-one (31))", will be modified in accordance with each states' applicable notice requirements.

*Page 3, Policy Schedule:* Information in the Policy Schedule will change to be specific to each policy owner. This information is as follows:

- Insured Name;
- Policy number;
- Effective date;
- Initial premium paid;
- First renewal date;
- Alternate payor;
- Policy anniversary date;
- Renewal premiums for both direct bill and bank draft. The premium line for inflation benefits will only appear when the insured has purchased the endorsement.
- Policy Benefits:
  - Daily Amount - \$50-\$500 in \$10 increments;
  - Maximum Benefit Period— 100, 150, 200, 250, 300 or 350 Service Days;
  - Waiting Period – 0, 15, 30 or 100 Service Days;
- Optional Benefits:
  - Automatic Simple Inflation Benefits – 3% or 5%. This benefit will appear on the policy schedule only when the insured has purchased the endorsement.

**E-792 INF**

*Endorsement Effective Date:* This date is will change to match the policy effective date.

*Simple Inflation Protection Benefits:* Only the benefit percentage chosen by the insured will appear. Available percentages are 3% or 5%.



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*Officer signatures:* These signatures are variable as they are subject to change from time to time.

## **A-792 – APPLICATION**

*Company Information:* The company address is variable as it is subject to change.

*Page 1, Personal Information, Association Discount and Name:* This will appear only when an agent is approved by Equitable to market the product to members of associations.

*Page 1, Benefits Selection:* The available benefit selections may vary depending on market needs and circumstances. While certain listed benefit amounts may not be included in the application when used, no benefit type or amount not listed below will be used unless approved by the Insurance Department prior to use.

- Daily Amount – \$50-\$500 in \$10 increments;
- Benefit Period – 100, 150, 200, 250, 300 or 350 Days;
- Waiting Period – 0, 15, 30 or 100 Days;
- Optional Benefits – Inflation Protection Endorsement – 3%, 5% or none

## **OLC 792 – OUTLINE OF COVERAGE**

*Company Information:* The Company address and phone number is variable as it is subject to change.

*Page 1, Policy Form Number:* The field immediately following the policy form number will contain a state's abbreviated name (KS, MO, etc) if the policy is changed to comply with state law.

*Page 2 Policy Benefit Amounts:* As stated above, the available benefits listed may vary depending on market needs and circumstances. The benefits amounts in the outline of coverage will always match the amounts listed in the application.

- Daily Amount - \$50-\$500 in \$10 increments
- Benefit Period– 100, 150, 200, 250, 300 or 350 Days
- Waiting Period – 0, 15, 30 or 100 Days
- Optional Benefits: Inflation Protection Endorsement – 3%, 5% or none

**LIMITED BENEFIT INSURANCE POLICY**  
**SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY OR HOME CARE RECOVERY BENEFITS**

This Policy is a legal contract between You, named as the Insured on the Policy Schedule, and Us. We promise to pay the benefits provided in this Policy for covered losses incurred by You while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy, including any endorsement which may be attached.

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" that You received from Us.

**THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

**YOUR THIRTY (30) DAY RIGHT TO EXAMINE THIS POLICY.** If for any reason You are not satisfied with this Policy, return it to Us or to the agent who sold it to You within thirty (30) days after You receive it. We will refund all premiums paid and consider the Policy to never have been issued.

**PRE-EXISTING CONDITION LIMITATION PERIOD.** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of this Policy that is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

**CONSIDERATION.** In consideration of Your application and the payment of the Initial Premium, this Policy will be in force until the first renewal date shown on the Policy Schedule (Page 3). Caution: The issuance of this Policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind this Policy, subject to the Time Limit on Certain Defenses (Page 17). The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at: {Equitable Life & Casualty, 3 Triad Center, Salt Lake City, UT 84180-1200, or call us, toll free, at 1-800-352-5150.}

**RENEWAL CONDITIONS – THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This means You have the right to continue this Policy as long as You pay Your premium on time. We cannot change any of the terms of this Policy on Our own, except that in the future We may increase premiums.

**PREMIUM CHANGES.** We will not change the premium for this Policy during Your first year of coverage. Thereafter, We may change the premium for this Policy, but only if We change it for all policies like Yours in Your state on a premium class basis. A premium class is determined by age, benefits and the year this Policy is issued. You will be notified in writing at least {thirty-one (31)} days before any premium change.

**EFFECTIVE DATE OF COVERAGE.** This Policy, as signed by Our President and Secretary, begins at 12:01 a.m. in the time zone in which You reside on the Effective Date shown on the Policy Schedule. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

{   
Secretary }

{   
President }

**THIS IS A LIMITED POLICY - PLEASE READ IT CAREFULLY**

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## POLICY SCHEDULE

*In this Policy We often refer to Your Policy Schedule. This schedule is important. It tells You the amount of Your premium and the type and amount of benefits that You have chosen or are included in the Policy.*

Insured:	{John Doe}	Policy Number:	{1234567}
		Effective Date:	{04/01/2012}
Initial Premium:	{\$XXX.XX}	First Renewal Date:	{04/01/2013}
{Alternate Payor:	Bob Doe}	Policy Anniversary Date:	{April 1}

## DIRECT BILL RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly
Policy	{\$XXX.XX }		
{Inflation Benefits	\$XXX.XX}		
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX}

## BANK DRAFT RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly
Policy	{\$XXX.XX}			
{Inflation Benefits	\$XXX.XX}			
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX}

*Please contact Our EquiCenter at {1-800-352-5170} if You have any questions about Your payment options.*

## POLICY BENEFITS FOR NURSING HOMES, ASSISTED LIVING FACILITIES, HOSPICE CARE FACILITIES OR HOME CARE

Daily Amount . . . . .	Eligible Charges Up to {\$50.00 – \$500.00}
Maximum Benefit Period . . . . .	{100} {150} {200} {250} {300} {350} Service Days
Waiting Period . . . . .	{0} {15} {30} {100} Service Days

## ADDITIONAL BENEFITS

Room Reservation . .	Eligible Charges Up to Your Daily Amount – Up to 15 Days Every 12 Months
Alternate Care . . . . .	Eligible Charges Up to the Daily Amount Approved
Respite Care . . . . .	Eligible Charges up to Your Daily Amount – Up to 10 Days Lifetime Maximum
Restoration of Benefits . . . . .	Up to Double Your Maximum Benefit Period

## {OPTIONAL BENEFITS}

{Automatic Simple Inflation Benefits . . . . . {3%} {5%}}

*In this Policy the words “You”, “Your” and “Yourself” refer to the Insured named in the Policy Schedule. The words “We,” “Us,” and “Our” refer to Equitable Life & Casualty Insurance Company.*

*This Policy contains certain terms, words or phrases that have special meaning. We have capitalized those terms, words or phrases for Your convenience. These terms, words or phrases are explained or defined as they appear in the sections of this Policy. Others are contained in the Additional Definitions section (Page 13).*

## ELIGIBILITY FOR PAYMENT OF BENEFITS

This Policy provides benefits for Facility Care and for Home Care. Facility Care Benefits are payable to You for services You receive during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility. Home Care Benefits are payable to You for covered services provided to You in Your Home by a Home Care Provider.

All benefits in this Policy are to be paid to You only when You are determined to be eligible for benefits and You continue to be eligible for benefits.

You are eligible for benefits under this Policy when We receive Your completed Benefit Eligibility Documentation (Page 5) which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition to Us receiving Your Benefit Eligibility Documentation, benefits will be payable to You only when:

- a) Your eligibility for benefits begins while this Policy is in force; and
- b) The services You receive are in keeping with Your Plan of Care.

### What is Hands-On Assistance?

The continual physical assistance of another person without which You would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

### What are the Activities of Daily Living (ADLs)?

*Bathing* – Your ability to wash Yourself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing Your hair or back.

*Continence* – Your ability to maintain control of bowel and bladder function; or when You are unable to maintain control of bowel or bladder function, Your ability to perform associated personal hygiene, and caring for a catheter or a colostomy bag.

*Dressing* – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.

*Eating* – Your ability to feed Yourself by getting food into Your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

*Toileting* – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

*Transferring* – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower (see Bathing above).

### **What is a Cognitive Impairment?**

The deterioration or loss of Your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in Your need for the continual assistance of, or supervision by, another person to properly care for Yourself, including supervision and assistance that is necessary to protect You from threats to Your health or safety or the health and safety of others.

## **BENEFIT ELIGIBILITY DOCUMENTATION**

We must receive documentation which verifies that You are eligible to receive benefits under this Policy before benefits can be paid to You. The documentation needed by Us will depend on the place where services are going to be provided to You. The types of documentation needed by Us are described below.

### **COMPREHENSIVE MINIMUM DATA SET ASSESSMENT (MDS)**

If the Nursing Home in which You reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive Minimum Data Set Assessment (often referred to as an MDS), We must be provided with a completed Comprehensive MDS Assessment that verifies Your eligibility for benefits.

### **What is a Comprehensive Minimum Data Set Assessment?**

A clinical assessment developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs), Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

A Comprehensive MDS Assessment is normally completed by the appropriate Nursing Home staff within the first fourteen (14) days of a stay.

## **ASSESSMENT**

We must be provided with a written Assessment performed by an Assessment Provider that verifies Your eligibility for benefits:

- a) If the Nursing Home in which You reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If You reside in an Assisted Living Facility or a Hospice Care Facility; or
- c) If You require Home Care Services.

We will pay all costs associated with the performance of an Assessment.

### **What is an Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You are eligible for benefits.

**What is an Assessment Provider?**

An agency, entity or person designated and approved by Us to perform an Assessment. A person assigned to perform an Assessment will be a Licensed Health Care Practitioner.

**What is a Licensed Health Care Practitioner?**

A registered professional nurse, licensed social worker or other similarly licensed person.

A Licensed Health Care Practitioner may not be a member of Your Immediate Family, nor be the proprietor or an employee of a Nursing Home, Assisted Living Facility, Hospice Care Facility or a Home Care Provider that will provide care services to You under Your Plan of Care.

**PLAN OF CARE**

When You are eligible for benefits for Your stay in a Nursing Home or an Assisted Living Facility, or when You are eligible for Home Care Benefits, a Plan of Care will be developed by You and a Care Planner. We do not require a Plan of Care for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by You and the Care Planner as required to reflect changes in Your functional or cognitive abilities and Your care service needs.

We will pay all costs associated with the development of Your Plan of Care and any changes to Your Plan of Care.

**What is a Plan of Care?**

A written individualized plan of services that specifies Your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services You receive. Your Plan of Care may contain services which You choose to receive but which are not covered services payable under this Policy, including informal care provided by family or friends.

**What is a Care Planner?**

A Licensed Health Care Practitioner employed or contracted by Us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**PERIODIC RE-ASSESSMENTS**

We reserve the right to have You re-assessed to determine Your continued eligibility for the payment of Facility Care Benefits and Home Care Benefits when and as often as reasonably necessary throughout the duration of Your claim for benefits.

We will pay all costs associated with the performance of any Re-Assessment.

**What is a Re-Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You continue to be eligible for benefits.

**How often is a Re-Assessment done?**

The timing of a Re-Assessment will depend on Your physical function or cognitive abilities, the place where You receive services and the amount of services You receive. A Re-Assessment schedule can be part of Your Plan of Care. Generally, a Re-Assessment will not take place more than once in any 90 day period.

**POLICY BENEFITS****FACILITY CARE BENEFITS**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day of Your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay Facility Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 12).

Payment of Facility Care Benefits to You is subject to Your Waiting Period and to all provisions of this Policy. Your Waiting Period will not apply to a stay in a Hospice Care Facility.

Your Daily Amount, Maximum Benefit Period and Waiting Period are listed on Your Policy Schedule (Page 3).

**What are Eligible Charges for Facility Care Benefits?**

Those expenses for services provided to You in keeping with Your Plan of Care and that You are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

### **What is a Nursing Home?**

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home or rehabilitation facility. is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

A Nursing Home does NOT include the following places or facilities:

- a) A Hospital;
- b) An Assisted Living Facility;
- c) An adult foster home;
- d) An Alzheimer's care facility or unit;
- e) A residential care facility;
- f) A personal care facility;
- g) A Hospice Care Facility;
- h) A place primarily providing care and treatment for alcoholism or substance abuse;
- i) A place primarily providing care and treatment of mental disease or mental disorders;
- j) A community living center or a place that primarily provides domiciliary custodial, retirement or educational care;
- k) A continuing care retirement community, an independent living unit, an apartment or Your Home; or
- l) Any other facility or entity not licensed as a nursing home in Your state of residence.

### **What are Nursing Care Services?**

Those services which are performed under orders of a Physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

### **What is an Assisted Living Facility?**

A place which is a separate facility or distinct part of a health care facility or rehabilitation facility, which is licensed by the state, is operated pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that includes three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide services and care;
- d) Has formal arrangements with a Physician or nurse to furnish medical care in emergencies; and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, a personal care facility or an adult foster home.

An Assisted Living Facility does NOT include the following places or facilities:

- a) Your Home;
- b) A Hospital;
- c) A Nursing Home;
- d) A continuing care retirement community, an independent living unit, or an apartment;
- e) A place primarily providing care and treatment for alcoholism or substance abuse;
- f) A place primarily providing care and treatment of mental disease or mental disorders; or
- g) A community living center or a place that primarily provides domiciliary, custodial, retirement or educational care.

### **What is a Hospice Care Facility?**

A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

### **What is Hospice Care?**

A program of care for the Terminally Ill and their families that includes medical, palliative, psychological, spiritual or supportive care and treatment, provided in a Hospice Care Facility.

You are considered to be Terminally Ill when:

- a) Your Physician and the hospice medical director certify that You are Terminally Ill and have a life expectancy of six (6) months or less if Your illness runs its normal course; and
- b) You receive care from a Medicare-approved Hospice Care program.

## **ADDITIONAL FACILITY CARE BENEFITS**

### **ROOM RESERVATION**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, to reserve Your room when You are admitted as an inpatient to a Hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Room Reservation benefits are payable to You following Your discharge from the Hospital and Your return to the Nursing Home, Assisted Living Facility or Hospice Care Facility where You resided immediately prior to Your admission to the Hospital.

We will pay Room Reservation benefits to You for up to fifteen (15) days in any twelve (12) month period. Days for which We pay Room Reservation benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

### **What is a Hospital?**

A medical facility which:

- a) Is legally licensed and operated as an acute care hospital;
- b) Is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations;
- c) Provides inpatient care of injured and sick people;
- d) Is supervised by a Physician;
- e) Provides 24-hour-a-day nursing services supervised by or under a registered professional nurse (RN);
- f) Provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities; and
- g) Maintains permanent medical history records.

A Hospital is not a bed, unit, or facility that functions as a:

- a) Skilled nursing facility;
- b) Residential or personal care facility;
- c) Adult foster home;
- d) Nursing Home or nursing facility;
- e) Assisted Living Facility;
- f) Extended care or long term care facility;
- g) Rehabilitation center;
- h) Ambulatory surgical center or other outpatient facility;
- i) Place primarily providing care and treatment for alcoholism or substance abuse; or
- j) Facility for the care and treatment of mental disease or mental disorders.



## ALTERNATE CARE

We may agree to pay benefits to You for stays in facilities that are not specifically covered by this Policy. When You are determined to be eligible for benefits, Alternate Care benefits may be paid to You when:

- a) All facilities that are covered by this Policy are unavailable to You within a radius of fifty (50) miles from Your Home; and
- b) Your stay in a non-covered facility is a cost effective alternative that is appropriate for Your needs; and
- c) We approve the payment of Alternate Care benefits to You.

We reserve the right to review the appropriateness of paying Alternate Care benefits to You at any time. Days for which We pay Alternate Care benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

## HOME CARE BENEFITS

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day You receive at least one (1) hour of Home Care Services in Your Home from a Home Care Provider.

We will pay Home Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day that We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 12).

The payment of Home Care Benefits to You is subject to Your Waiting Period and all provisions of this Policy.

Your Daily Amount, Maximum Benefit Period and Waiting Period are shown on Your Policy Schedule (Page 3).

### What are Eligible Charges for Home Care Benefits?

Those expenses for Home Care Services provided to You in keeping with Your Plan of Care and that You are obligated to pay.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

### What does Home mean?

The place that You maintain as an independent residence or that a member of Your Immediate Family with whom You live maintains as an independent residence. Your Home is not a Hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.



**What are Home Care Services?**

Professional and personal care services You receive from a Home Care Provider in Your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services provided by a Home Care Provider for one or more of the following personal support services provided to You: meal preparation; laundry; light house-keeping; shopping for food, medications or medical supplies; and transportation to and from appointments.

**What is a Home Care Provider?**

An organization or agency licensed by Your state to provide Home Care Services, which operates under that license according to law; or, if licensing is not required, an organization, agency or person approved by Us to provide Home Care Services to You.

A Home Care Provider cannot be a member of Your Immediate Family and must not have a financial interest or relationship with You or any member of Your Immediate Family, other than an arrangement to provide Home Care Services.

**ADDITIONAL HOME CARE BENEFITS****RESPIRE CARE**

When You are determined to be eligible for Home Care Benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to You when an informal, unpaid caregiver is temporarily relieved from providing those services to You.

We will pay Respite Care benefits to You up to a lifetime maximum of ten (10) days.

Days for which We pay Respite Care benefits to You will count toward Your Maximum Benefit Period but will not be subject to Your Waiting Period.

## **ADDITIONAL POLICY BENEFITS**

### **RESTORATION OF YOUR MAXIMUM BENEFIT PERIOD**

This benefit allows You to restore Your Maximum Benefit Period, as shown on Your Policy Schedule (Page 3), by the number of days benefits were paid to You.

We will restore the days benefits were paid to You under this Policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If You are cognitively impaired You did not require or receive the assistance or supervision of another person.

The number of days benefits were paid to You will be restored each time You meet the requirements above, until the total number of days restored are equal to Your Maximum Benefit Period (effectively allowing You to double Your Maximum Benefit Period).

We reserve the right, at Our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify You met the requirements above.

## **ADDITIONAL DEFINITIONS**

### **IMMEDIATE FAMILY**

Means a person who is related to You by blood, marriage or adoption, including, but not limited to, Your spouse, mother, father, mother-in-law, father-in-law, son, son-in-law, daughter, daughter-in-law, niece, nephew, aunt, uncle, or grandchild.

### **MAXIMUM BENEFIT PERIOD**

The total number of days for which We will pay Facility Care benefits and Home Care Benefits under this Policy.

Your Maximum Benefit Period is shown on Your Policy Schedule (Page 3).

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision of this Policy (Page 12).

### **MEDICARE**

The federal program for health care reimbursement established under Title XVIII of The Social Security Act, as amended.

### **PHYSICIAN**

A person other than You or a member of Your Immediate Family who:

- a) Is a doctor of medicine or osteopathy who is duly licensed by the state to practice medicine or osteopathy; and
- b) Provides services within the scope of his or her licenses.

### **WAITING PERIOD**

The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which You receive Home Care Services, before benefits are payable to You. You need to satisfy Your Waiting Period only once during Your lifetime.

Your Waiting Period is shown on Your Policy Schedule (Page 3).

## LIMITATIONS AND EXCLUSIONS

This Policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to You;
- e) Caused by a self-inflicted injury or attempted suicide, whether You are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which You are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to You by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or a Home Care Provider;
- i) For services and supplies not included in Your Plan of Care or Your Itemized Billing Statement;
- j) For services provided to You by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

No claim for benefits will be denied for any covered loss that begins after the first six (6) months following the Effective Date of this Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

## **CLAIMS PROCESS AND PROCEDURES**

The following provisions explain what is required for You to file a claim for benefits under this Policy and what We must do when You file a claim for benefits with Us. We also provide You with a process in which to appeal Our decision should You disagree with Our decision about Your claim for benefits.

If You have any questions about Our claims process and procedures please call our Benefit Specialty Unit, toll free, at {1-800-352-5130}.

### **NOTICE OF CLAIM**

Written notice of claim must be given to Us within twenty (20) days after a covered loss begins or as soon as reasonably possible. No special form is required. The notice can be given to Us at Our home office or to an authorized agent. The notice should include Your name and Your policy number.

### **PROOF OF LOSS FORMS**

When We receive Notice of Claim, We will send You Proof of Loss forms (claim forms). If these forms are not given to You within 15 days, You can meet this requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

### **PROOF OF LOSS**

Written Proof of Loss must be given to Us within 90 days after We send You the Proof of Loss forms. If it was not reasonably possible for You to complete the forms in the time required, We will not reduce or deny Your claim for this reason if the Proof of Loss forms are filed with Us as soon as possible, but no later than one (1) year from the time specified, unless You were legally incapacitated.

### **HOW CLAIMS ARE EVALUATED**

When We receive Your Notice of Claim, We will collect all the information and documentation We need to determine if You meet the Eligibility for Payment of Benefits requirements (Page 4). This will include information We receive directly from You during Our claim intake interview, and may include information from any other person acting on Your behalf. This will also include the Benefit Eligibility Documentation required to verify Your eligibility for benefits (Page 5).

To assist Us in evaluating Your claim We may also need to contact Your Physician or other care provider(s) and review Your medical records and/or Your care records. This will be done with Your written authorization.

Based on Our evaluation of the submitted information and documentation, We will determine Your eligibility for benefits. We will not pay benefits to You until We determine You are eligible for the payment of benefits.

### **WRITTEN NOTIFICATION**

We will notify You in writing whether or not You are eligible for the payment of benefits within ten (10) days after We receive all required information and documentation.

### **PLAN OF CARE**

When You are determined to be eligible for benefits, We will arrange for a Plan of Care to be developed by You and a Care Planner designated by Us (Page 6). Benefits are payable for covered services provided to You in keeping with Your Plan of Care.

## **CLAIMS PROCESS AND PROCEDURES (continued)**

### **ITEMIZED BILLING STATEMENT (for HOME CARE BENEFITS only)**

When You are determined to be eligible for Home Care Benefits, Your Home Care Provider will submit a billing statement to Us that shows the itemized Home Care Services provided to You on a daily basis. We will accept this Itemized Billing Statement from Your Home Care Provider as Your Notice of Claim and written Proof of Loss for Your continuing claims. The Itemized Billing Statement must be provided to Us within the timeframes specified in the Proofs of Loss provision above.

### **TIMELY PAYMENT OF CLAIMS**

We will pay benefits under this Policy promptly after We receive written Proof of Loss and determine You are eligible for the payment of benefits.

### **PAYMENT OF CLAIMS**

We will pay all benefits to You. Any benefits unpaid at Your death will be paid to Your surviving spouse, if any, or to Your estate.

### **UNPAID PREMIUM**

When a claim is paid, any premium due and unpaid may be deducted from the claim payment, including premiums due and unpaid during the Grace Period.

### **RIGHT OF RECOVERY**

If We pay any benefits in excess of the correct amount payable to You under any provision of this Policy, We reserve the right to collect any excess amount from You, or Your estate, under any legal means available.

### **EXAMINATIONS AND PERIODIC RE-ASSESSMENTS**

We, at Our expense, reserve the right to have You examined and re-assessed to determine Your continued eligibility for the payment of benefits when and as often as reasonably necessary throughout the duration of a claim.

### **CLAIM APPEAL PROCESS AND REVIEW**

If You believe that Our decision on Your claim for benefits is in error, You may appeal Our decision and We will reconsider Your claim. Send Us a written request (no special form is required) explaining why, under the provisions of this Policy, You believe We should change Our decision.

Your written request must be submitted within sixty (60) days of Your receipt of the Explanation of Benefits (EOB) of Your claim. You may authorize someone else to act for You in this process. Your written request should include Your name, the Policy number, the names, addresses and phone numbers of any persons or organizations You believe We should contact to learn more about the claim under reconsideration, and any supporting documentation or records.

Once We have completed Our review, We will notify You in writing of Our decision. This notification will be sent to You no later than thirty (30) days after receipt of Your written request for appeal. We will pay any benefits to You that may then be due as a result of Our reconsideration. Should We require longer than thirty (30) days to make Our decision, We will notify You in writing of the reasons for the delay. In any event, the delay will be no longer than an additional forty-five (45) days.

Our final decision on Your appeal does not prevent You from taking further legal action.

## IMPORTANT CONTRACT PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Policy, with its endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### TIME LIMIT ON CERTAIN DEFENSES

No statements, except fraudulent misstatements in Your application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after two (2) years from the Effective Date of this Policy. A copy of Your application is attached.

### GRACE PERIOD

This Policy has a thirty-one (31) day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period this Policy will stay in force.

### ALTERNATE PAYOR

An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown in the Policy Schedule. This Policy contains a thirty-one (31) day Grace Period plus a fifteen (15) day Conservation Period for the payment of renewal premiums.

### CONSERVATION PERIOD

You have an additional fifteen (15) days beyond the Grace Period to pay Your premium. During this fifteen (15) day extension, this Policy is not in force unless Your premium is paid within this period. This Policy will then be renewed with no lapse in coverage.

### POLICY TERMINATION

This Policy will terminate and coverage will end on the earliest of:

- a) The date this Policy lapses for non-payment of premium following the Grace Period; or
- b) The date of Your death.

Termination of this Policy for non-payment of premium is subject to the Extension of Benefits provision.

### REINSTATEMENT

If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the forty-fifth (45th) day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.

The reinstated Policy will only cover a loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy. Any premium accepted with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

### **EXTENSION OF BENEFITS**

Should this Policy lapse for nonpayment of premium, a covered Facility Care confinement that began while this Policy was in force will continue to be covered until the date that is the earlier of:

- a) The date You are discharged from the Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) The date You no longer meet the requirements for Eligibility for Payment of Benefits (Page 4); or
- c) The date You reach Your Maximum Benefit Period.

Extension of Benefits does not apply to Home Care Benefits and is subject to all other applicable provisions of this Policy.

### **REFUND OF PREMIUM AT DEATH**

We will refund that part of any premium paid for an insured person which covers a period beyond the end of the Policy month of that person's death.

### **LEGAL ACTION**

No legal action may be brought to recover on this Policy within sixty (60) days after written Proof of Loss has been given as required by this Policy. No action may be brought after three (3) years from the time written Proof of Loss is required to be given.

### **OTHER INSURANCE WITH US**

You can be insured under only one Policy in this Policy form series with Us. If, through error, You are insured under any other Policy in this Policy form series, only the one Policy You choose to keep will be effective. We will refund the premiums paid for any insurance which is not effective.

### **MISSTATEMENT OF AGE**

If Your age at the time this Policy was issued to You was misstated, We will pay only such amounts as the premium paid would have purchased at Your correct age. In the event Your age is overstated, We will refund any premium that may be due when We have been notified of this fact. If based on Your correct age We would not have issued this Policy to You, Our liability will be limited to the refund of any premium paid, subject to any benefits paid.

### **CONFORMITY WITH STATE LAWS**

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state where You reside on that date is amended to conform to the minimum requirements of those laws.



**LIMITED BENEFIT INSURANCE POLICY**  
**SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY RECOVERY BENEFITS**

This Policy is a legal contract between You, named as the Insured on the Policy Schedule, and Us. We promise to pay the benefits provided in this Policy for covered losses incurred by You while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy, including any endorsement which may be attached.

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" that You received from Us.

**THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

**YOUR THIRTY (30) DAY RIGHT TO EXAMINE THIS POLICY.** If for any reason You are not satisfied with this Policy, return it to Us or to the agent who sold it to You within thirty (30) days after You receive it. We will refund all premiums paid and consider the Policy to never have been issued.

**PRE-EXISTING CONDITION LIMITATION PERIOD.** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of this Policy that is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

**CONSIDERATION.** In consideration of Your application and the payment of the Initial Premium, this Policy will be in force until the first renewal date shown on the Policy Schedule (Page 3). Caution: The issuance of this Policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind this Policy, subject to the Time Limit on Certain Defenses (Page 15). The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at: {Equitable Life & Casualty, 3 Triad Center, Salt Lake City, UT 84180-1200, or call us, toll free, at 1-800-352-5150}.

**RENEWAL CONDITIONS – THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This means You have the right to continue this Policy as long as You pay Your premium on time. We cannot change any of the terms of this Policy on Our own, except that in the future We may increase premiums.

**PREMIUM CHANGES.** We will not change the premium for this Policy during Your first year of coverage. Thereafter, We may change the premium for this Policy, but only if We change it for all policies like Yours in Your state on a premium class basis. A premium class is determined by age, benefits and the year this Policy is issued. You will be notified in writing at least {thirty-one (31)} days before any premium change.

**EFFECTIVE DATE OF COVERAGE.** This Policy, as signed by Our President and Secretary, begins at 12:01 a.m. in the time zone in which You reside on the Effective Date shown on the Policy Schedule. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

{  }

Secretary

{  }

President

**THIS IS A LIMITED POLICY - PLEASE READ IT CAREFULLY**

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## POLICY SCHEDULE

*In this Policy We often refer to Your Policy Schedule. This schedule is important. It tells You the amount of Your premium and the type and amount of benefits that You have chosen or are included in the Policy.*

Insured	{John Doe}	Policy Number:	{1234567}
		Effective Date:	{04/01/2012}
Initial Premium:	{\$XXX.XX}	First Renewal Date:	{04/01/2013}
{Alternate Payor:	Bob Doe}	Policy Anniversary Date:	{April 1}

## DIRECT BILL RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly
Policy	{\$XXX.XX }		
{Inflation Benefits	\$XXX.XX}		
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX}

## BANK DRAFT RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly
Policy	{\$XXX.XX}			
{Inflation Benefits	\$XXX.XX}			
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX}

*Please contact Our EquiCenter at {1-800-352-5170} if You have any questions about Your payment options.*

## POLICY BENEFITS FOR NURSING HOMES, ASSISTED LIVING FACILITIES OR HOSPICE CARE FACILITIES

Daily Amount . . . . .	Eligible Charges Up to {\$50.00 – \$500.00}
Maximum Benefit Period . . . . .	{100} {150} {200} {250} {300} {350} Service Days
Waiting Period . . . . .	{0} {15} {30} {100 } Service Days

## ADDITIONAL BENEFITS

Room Reservation . .	Eligible Charges Up to Your Daily Amount – Up to 15 Days Every 12 Months
Alternate Care . . . . .	Eligible Charges Up to the Daily Amount Approved
Restoration of Benefits . . . . .	Up to Double Your Maximum Benefit Period

## {OPTIONAL BENEFITS}

{Automatic Simple Inflation Benefits . . . . . {3%} {5%}}

*In this Policy the words “You”, “Your” and “Yourself” refer to the Insured named in the Policy Schedule. The words “We,” “Us,” and “Our” refer to Equitable Life & Casualty Insurance Company.*

*This Policy contains certain terms, words or phrases that have special meaning. We have capitalized those terms, words or phrases for Your convenience. These terms, words or phrases are explained or defined as they appear in the sections of this Policy. Others are contained in the Additional Definitions section (Page 11).*

## ELIGIBILITY FOR PAYMENT OF BENEFITS

This Policy provides benefits for Facility Care. Facility Care Benefits are payable to You for services You receive during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

All benefits in this Policy are to be paid to You only when You are determined to be eligible for benefits and You continue to be eligible for benefits.

You are eligible for benefits under this Policy when We receive Your completed Benefit Eligibility Documentation (Page 5) which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition to Us receiving Your Benefit Eligibility Documentation, benefits will be payable to You only when:

- a) Your eligibility for benefits begins while this Policy is in force; and
- b) The services You receive are in keeping with Your Plan of Care.

### What is Hands-On Assistance?

The continual physical assistance of another person without which You would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

### What are the Activities of Daily Living (ADLs)?

*Bathing* – Your ability to wash Yourself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing Your hair or back.

*Continence* – Your ability to maintain control of bowel and bladder function; or when You are unable to maintain control of bowel or bladder function, Your ability to perform associated personal hygiene, and caring for a catheter or a colostomy bag.

*Dressing* – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.

*Eating* – Your ability to feed Yourself by getting food into Your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

*Toileting* – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

*Transferring* – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower (see Bathing above).

### What is a Cognitive Impairment?

The deterioration or loss of Your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in Your need for the continual assistance of, or supervision by, another person to properly care for Yourself, including supervision and assistance that is necessary to protect You from threats to Your health or safety or the health and safety of others.

## **BENEFIT ELIGIBILITY DOCUMENTATION**

We must receive documentation which verifies that You are eligible to receive benefits under this Policy before benefits can be paid to You. The documentation needed by Us will depend on the place where services are going to be provided to You. The types of documentation needed by Us are described below.

### **COMPREHENSIVE MINIMUM DATA SET ASSESSMENT (MDS)**

If the Nursing Home in which You reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive Minimum Data Set Assessment (often referred to as an MDS), We must be provided with a completed Comprehensive MDS Assessment that verifies Your eligibility for benefits.

#### **What is a Comprehensive Minimum Data Set Assessment?**

A clinical assessment developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs), Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

A Comprehensive MDS Assessment is normally completed by the appropriate Nursing Home staff within the first fourteen (14) days of a stay.

### **ASSESSMENT**

We must be provided with a written Assessment performed by an Assessment Provider that verifies Your eligibility for benefits:

- a) If the Nursing Home in which You reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If You reside in an Assisted Living Facility or a Hospice Care Facility.

We will pay all costs associated with the performance of an Assessment.

#### **What is an Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You are eligible for benefits.

#### **What is an Assessment Provider?**

An agency, entity or person designated and approved by Us to perform an Assessment. A person assigned to perform an Assessment will be a Licensed Health Care Practitioner.

**What is a Licensed Health Care Practitioner?**

A registered professional nurse, licensed social worker or other similarly licensed person.

A Licensed Health Care Practitioner may not be a member of Your Immediate Family, nor be the proprietor or an employee of a Nursing Home, Assisted Living Facility, or Hospice Care Facility.

**PLAN OF CARE**

When You are eligible for benefits for Your stay in a Nursing Home or Assisted Living Facility, a Plan of Care will be developed by You and a Care Planner. We do not require a Plan of Care for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by You and the Care Planner as required to reflect changes in Your functional or cognitive abilities and Your care service needs.

We will pay all costs associated with the development of Your Plan of Care and any changes to Your Plan of Care.

**What is a Plan of Care?**

A written individualized plan of services that specifies Your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services You receive. Your Plan of Care may contain services which You choose to receive but which are not covered services payable under this Policy, including informal care provided by family or friends.

**What is a Care Planner?**

A Licensed Health Care Practitioner employed or contracted by Us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**PERIODIC RE-ASSESSMENTS**

We reserve the right to have You re-assessed to determine Your continued eligibility for the payment of Facility Care Benefits when and as often as reasonably necessary throughout the duration of Your claim for benefits.

We will pay all costs associated with the performance of any Re-Assessment.

**What is a Re-Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You continue to be eligible for benefits.

**How often is a Re-Assessment done?**

The timing of a Re-Assessment will depend on Your physical function or cognitive abilities, the place where You receive services and the amount of services You receive. A Re-Assessment schedule can be part of Your Plan of Care. Generally, a Re-Assessment will not take place more than once in any 90 day period.

## POLICY BENEFITS

### FACILITY CARE BENEFITS

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day of Your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay Facility Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 10).

The payment of Facility Care Benefits to You is subject to Your Waiting Period and to all provisions of this Policy. Your Waiting Period will not apply to a stay in a Hospice Care Facility.

Your Daily Amount, Maximum Benefit Period and Waiting Period are listed on Your Policy Schedule (Page 3).

#### What are Eligible Charges for Facility Care Benefits?

Those expenses for services provided to You in keeping with Your Plan of Care and that You are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

#### What is a Nursing Home?

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home or rehabilitation facility. is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

A Nursing Home does NOT include the following places or facilities:

- a) A Hospital;
- b) An Assisted Living Facility;
- c) An adult foster home;
- d) An Alzheimer's care facility or unit;
- e) A residential care facility;
- f) A personal care facility;
- g) A Hospice Care Facility;
- h) A place primarily providing care and treatment for alcoholism or substance abuse;
- i) A place primarily providing care and treatment of mental disease or mental disorders;
- j) A community living center or a place that primarily provides domiciliary custodial, retirement or educational care;
- k) A continuing care retirement community, an independent living unit, an apartment or Your home;  
or
- l) Any other facility or entity not licensed as a nursing home in Your state of residence.



### **What are Nursing Care Services?**

Those services which are performed under orders of a Physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

### **What is an Assisted Living Facility?**

A place which is a separate facility or distinct part of a health care facility or rehabilitation facility, which is licensed by the state, is operated pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that includes three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide services and care;
- d) Has formal arrangements with a Physician or nurse to furnish medical care in emergencies; and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, a personal care facility or an adult foster home.

An Assisted Living Facility does NOT include the following places or facilities:

- a) Your home;
- b) A Hospital;
- c) A Nursing Home;
- d) A continuing care retirement community, an independent living unit, or an apartment;
- e) A place primarily providing care and treatment for alcoholism or substance abuse;
- f) A place primarily providing care and treatment of mental disease or mental disorders; or
- g) A community living center or a place that primarily provides domiciliary, custodial, retirement or educational care.

### **What is a Hospice Care Facility?**

A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

### **What is Hospice Care?**

A program of care for the Terminally Ill and their families that includes medical, palliative, psychological, spiritual or supportive care and treatment, provided in a Hospice Care Facility.

You are considered to be Terminally Ill when:

- a) Your Physician and the hospice medical director certify that You are Terminally Ill and have a life expectancy of six (6) months or less if Your illness runs its normal course; and
- b) You receive care from a Medicare approved Hospice Care program.



## **ADDITIONAL FACILITY CARE BENEFITS**

### **ROOM RESERVATION**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, to reserve Your room when You are admitted as an inpatient to a Hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Room Reservation benefits are payable to You following Your discharge from the Hospital and Your return to the Nursing Home, Assisted Living Facility or Hospice Care Facility where You resided immediately prior to Your admission to the Hospital.

We will pay Room Reservation benefits to You for up to fifteen (15) days in any twelve (12) month period. Days for which We pay Room Reservation benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

#### **What is a Hospital?**

A medical facility which:

- a) Is legally licensed and operated as an acute care hospital;
- b) Is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations;
- c) Provides inpatient care of injured and sick people;
- d) Is supervised by a Physician;
- e) Provides 24-hour-a-day nursing services supervised by or under a registered professional nurse (RN);
- f) Provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities; and
- g) Maintains permanent medical history records.

A Hospital is not a bed, unit, or facility that functions as a:

- a) Skilled nursing facility;
- b) Residential or personal care facility;
- c) Adult foster home;
- d) Nursing Home or nursing facility;
- e) Assisted Living Facility;
- f) Extended care or long term care facility;
- g) Rehabilitation center;
- h) Ambulatory surgical center or other outpatient facility;
- i) Place primarily providing care and treatment for alcoholism or substance abuse; or
- j) Facility for the care and treatment of mental disease or mental disorders.

### **ALTERNATE CARE**

We may agree to pay benefits to You for stays in facilities that are not specifically covered by this Policy. When You are determined to be eligible for benefits, Alternate Care benefits may be paid to You when:

- a) All facilities that are covered by this Policy are unavailable to You within a radius of fifty (50) miles from Your home; and
- b) Your stay in a non-covered facility is a cost effective alternative that is appropriate for Your needs; and
- c) We approve the payment of Alternate Care benefits to You.

We reserve the right to review the appropriateness of paying Alternate Care benefits to You at any time. Days for which We pay Alternate Care benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

## **ADDITIONAL POLICY BENEFITS**

### **RESTORATION OF YOUR MAXIMUM BENEFIT PERIOD**

This benefit allows You to restore Your Maximum Benefit Period, as shown on Your Policy Schedule (Page 3), by the number of days benefits were paid to You.

We will restore the days benefits were paid to You under this Policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- c) If You are cognitively impaired You did not require or receive the assistance or supervision of another person.

The number of days benefits were paid to You will be restored each time You meet the requirements above, until the total number of days restored are equal to Your Maximum Benefit Period (effectively allowing You to double Your Maximum Benefit Period).

We reserve the right, at Our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify You met the requirements above.

## **ADDITIONAL DEFINITIONS**

### **IMMEDIATE FAMILY**

Means a person who is related to You by blood, marriage or adoption, including, but not limited to, Your spouse, mother, father, mother-in-law, father-in-law, son, son-in-law, daughter, daughter-in-law, niece, nephew, aunt, uncle, or grandchild.

### **MAXIMUM BENEFIT PERIOD**

The total number of days for which We will pay Facility Care Benefits under this Policy.

Your Maximum Benefit Period is shown on Your Policy Schedule (Page 3).

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision of this Policy (Page 10).

### **MEDICARE**

The federal program for health care reimbursement established under Title XVIII of The Social Security Act, as amended.

### **PHYSICIAN**

A person other than You or a member of Your Immediate Family who:

- a) Is a doctor of medicine or osteopathy who is duly licensed by the state to practice medicine or osteopathy; and
- b) Provides services within the scope of his or her licenses.

### **WAITING PERIOD**

The number of days of a stay in a Nursing Home or Assisted Living Facility before benefits are payable to You. You need to satisfy Your Waiting Period only once during Your lifetime.

Your Waiting Period is shown on Your Policy Schedule (Page 3).

## LIMITATIONS AND EXCLUSIONS

This Policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to You;
- e) Caused by a self-inflicted injury or attempted suicide, whether You are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which You are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to You by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- i) For services and supplies not included in Your Plan of Care;
- j) For services provided to You by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

No claim for benefits will be denied for any covered loss that begins after the first six (6) months following the Effective Date of this Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

## **CLAIMS PROCESS AND PROCEDURES**

The following provisions explain what is required for You to file a claim for benefits under this Policy and what We must do when You file a claim for benefits with Us. We also provide You with a process in which to appeal Our decision should You disagree with Our decision about Your claim for benefits.

If You have any questions about Our claims process and procedures please call our Benefit Specialty Unit, toll free, at {1-800-352-5130}.

### **NOTICE OF CLAIM**

Written notice of claim must be given to Us within twenty (20) days after a covered loss begins or as soon as reasonably possible. No special form is required. The notice can be given to Us at Our home office or to an authorized agent. The notice should include Your name and Your policy number.

### **PROOF OF LOSS FORMS**

When We receive Notice of Claim, We will send You Proof of Loss forms (claim forms). If these forms are not given to You within 15 days, You can meet this requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

### **PROOF OF LOSS**

Written Proof of Loss must be given to Us within 90 days after We send You the Proof of Loss forms. If it was not reasonably possible for You to complete the forms in the time required, We will not reduce or deny Your claim for this reason if the Proof of Loss forms are filed with Us as soon as possible, but no later than one (1) year from the time specified, unless You were legally incapacitated.

### **HOW CLAIMS ARE EVALUATED**

When We receive Your Notice of Claim, We will collect all the information and documentation We need to determine if You meet the Eligibility for Payment of Benefits requirements (Page 4). This will include information We receive directly from You during Our claim intake interview, and may include information from any other person acting on Your behalf. This will also include the Benefit Eligibility Documentation required to verify Your eligibility for benefits (Page 5).

To assist Us in evaluating Your claim We may also need to contact Your Physician or other care provider(s) and review Your medical records and/or Your care records. This will be done with Your written authorization.

Based on Our evaluation of the submitted information and documentation, We will determine Your eligibility for benefits. We will not pay benefits to You until We determine You are eligible for the payment of benefits.

### **WRITTEN NOTIFICATION**

We will notify You in writing whether or not You are eligible for the payment of benefits within ten (10) days after We receive all required information and documentation.

## **CLAIMS PROCESS AND PROCEDURES (continued)**

### **PLAN OF CARE**

When You are determined to be eligible for benefits, We will arrange for a Plan of Care to be developed by You and a Care Planner designated by Us (Page 6). Benefits are payable for covered services provided to You in keeping with Your Plan of Care.

### **TIMELY PAYMENT OF CLAIMS**

We will pay benefits under this Policy promptly after We receive written Proof of Loss and determine You are eligible for the payment of benefits.

### **PAYMENT OF CLAIMS**

We will pay all benefits to You. Any benefits unpaid at Your death will be paid to Your surviving spouse, if any, or to Your estate.

### **UNPAID PREMIUM**

When a claim is paid, any premium due and unpaid may be deducted from the claim payment, including premiums due and unpaid during the Grace Period.

### **RIGHT OF RECOVERY**

If We pay any benefits in excess of the correct amount payable to You under any provision of this Policy, We reserve the right to collect any excess amount from You, or Your estate, under any legal means available.

### **EXAMINATIONS AND PERIODIC RE-ASSESSMENTS**

We, at Our expense, reserve the right to have You examined and re-assessed to determine Your continued eligibility for the payment of benefits when and as often as reasonably necessary throughout the duration of a claim.

### **CLAIM APPEAL PROCESS AND REVIEW**

If You believe that Our decision on Your claim for benefits is in error, You may appeal Our decision and We will reconsider Your claim. Send Us a written request (no special form is required) explaining why, under the provisions of this Policy, You believe We should change Our decision.

Your written request must be submitted within sixty (60) days of Your receipt of the Explanation of Benefits (EOB) of Your claim. You may authorize someone else to act for You in this process. Your written request should include Your name, the Policy number, the names, addresses and phone numbers of any persons or organizations You believe We should contact to learn more about the claim under reconsideration, and any supporting documentation or records.

Once We have completed Our review, We will notify You in writing of Our decision. This notification will be sent to You no later than thirty (30) days after receipt of Your written request for appeal. We will pay any benefits to You that may then be due as a result of Our reconsideration. Should We require longer than thirty (30) days to make Our decision, We will notify You in writing of the reasons for the delay. In any event, the delay will be no longer than an additional forty-five (45) days.

Our final decision on Your appeal does not prevent You from taking further legal action.

## IMPORTANT CONTRACT PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Policy, with its endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### TIME LIMIT ON CERTAIN DEFENSES

No statements, except fraudulent misstatements in Your application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after two (2) years from the Effective Date of this Policy. A copy of Your application is attached.

### GRACE PERIOD

This Policy has a thirty-one (31) day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period this Policy will stay in force.

### ALTERNATE PAYOR

An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown in the Policy Schedule. This Policy contains a thirty-one (31) day Grace Period plus a fifteen (15) day Conservation Period for the payment of renewal premiums.

### CONSERVATION PERIOD

You have an additional fifteen (15) days beyond the Grace Period to pay Your premium. During this fifteen (15) day extension, this Policy is not in force unless Your premium is paid within this period. This Policy will then be renewed with no lapse in coverage.

### POLICY TERMINATION

This Policy will terminate and coverage will end on the earliest of:

- a) The date this Policy lapses for non-payment of premium following the Grace Period; or
- b) The date of Your death.

Termination of this Policy for non-payment of premium is subject to the Extension of Benefits provision.

### REINSTATEMENT

If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the forty-fifth (45th) day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.

The reinstated Policy will only cover a loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the

reinstated Policy. Any premium accepted with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

### **EXTENSION OF BENEFITS**

Should this Policy lapse for nonpayment of premium, a covered Facility Care confinement that began while this Policy was in force will continue to be covered until the date that is the earlier of:

- a) The date You are discharged from the Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) The date You no longer meet the requirements for Eligibility for Payment of Benefits (Page 4); or
- c) The date You reach Your Maximum Benefit Period.

Extension of Benefits is subject to all other applicable provisions of this Policy.

### **REFUND OF PREMIUM AT DEATH**

We will refund that part of any premium paid for an insured person which covers a period beyond the end of the Policy month of that person's death.

### **LEGAL ACTION**

No legal action may be brought to recover on this Policy within sixty (60) days after written Proof of Loss has been given as required by this Policy. No action may be brought after three (3) years from the time written Proof of Loss is required to be given.

### **OTHER INSURANCE WITH US**

You can be insured under only one Policy in this Policy form series with Us. If, through error, You are insured under any other Policy in this Policy form series, only the one Policy You choose to keep will be effective. We will refund the premiums paid for any insurance which is not effective.

### **MISSTATEMENT OF AGE**

If Your age at the time this Policy was issued to You was misstated, We will pay only such amounts as the premium paid would have purchased at Your correct age. In the event Your age is overstated, We will refund any premium that may be due when We have been notified of this fact. If based on Your correct age We would not have issued this Policy to You, Our liability will be limited to the refund of any premium paid, subject to any benefits paid.

### **CONFORMITY WITH STATE LAWS**

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state where You reside on that date is amended to conform to the minimum requirements of those laws.



# Equitable Life & Casualty Insurance Company

3 Triad Center, Salt Lake City, Utah 84180

Application - Short Stay Nursing Home, Assisted Living & Home Care Policy

- ☐ New Business  
☐ Coverage Change

## Part I — Personal Information

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other \_\_\_\_\_

Last Name

First Name

MI

Birthdate (mm/dd/yyyy) Social Security Number Age: Height Weight Gender

Birthdate (mm/dd/yyyy) Social Security Number Age: Height Weight Gender

Street Address

Joint Discount:

☐ Yes ☐ No

City

State

Zip

Policyowner Discount Name

Daytime Phone: ( ) - -

{Association Discount} ☐ Yes ☐ No

Evening Phone: ( ) - -

{Association Name} { }

Best Time to Call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Will this Policy replace an existing Accident and Health insurance policy? ☐ Yes ☐ No (If yes, complete a replacement notice)

## PRIMARY CARE PHYSICIAN

Dr. Name (Last)

First

MI

Street Address

City

State

Zip

City State Zip

## Part II — Benefits Selection

☐ Comprehensive Policy

☐ Facility Only Policy

### Daily Amount

\$ ({\$50 up to \$500} in {\$10} increments)

### Benefit Period

{ } 100 days { } 250 days  
{ } 150 days { } 300 days  
{ } 200 days { } 350 days

### Waiting Period

{ } 0 Day { } 30 Days  
{ } 15 Days { } 100 Days

### Optional Benefits

Simple Inflation Protection Benefits Endorsement: Increase Amount: { } 3% { } 5% ☐ None

## Part III — Alternate Payor

I understand that an Alternate Payor is a person other than myself who will receive notice of lapse or termination of my insurance policy for nonpayment of premium. My Alternate Payor will not be notified until thirty (30) days after a premium is due and unpaid.

Alternate Payor – (First Name - MI - Last Name)

Address

City State Zip

City

State

Zip

City State Zip

[illegible]

## Part V – Agreement & Acknowledgement

- I HAVE READ AND FULLY UNDERSTAND the questions and my answers on this Application. To the best of my knowledge,

Send policy to: ☐ Applicant ☐ Agent

## Agent Supplement

**Yes    No**

**All questions must be completed.**

- ☐ ☐ 1. Did you personally interview the applicant?

☐ ☐ 2. State the name and relationship of any other person present when this application was taken.  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

☐ ☐ 3. Did you review the application for correctness and any omissions?

☐ ☐ 4. Did the applicant review the application for correctness and any omissions?

Agent #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent #1 Name (please print)

Agent #

Split %

Agent #2 Name (please print)

Agent #

Split %

A-792 AR

Page 3

## Outline of Coverage

Equitable Life & Casualty Insurance Company  
{3 Triad Center, Salt Lake City, UT 84180  
1-800-352-5150}

### OUTLINE OF COVERAGE LIMITED BENEFIT HEALTH COVERAGE SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY and HOME CARE BENEFITS Policy Form 792 AR

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the company. **THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

#### (1) PLEASE READ YOUR POLICY CAREFULLY:

This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**(2) LIMITED BENEFIT HEALTH COVERAGE:** Limited Benefit Health Coverage is designed to provide, to persons insured, limited or supplemental coverage. The policy benefits are outlined in Section 3 below; the benefits described in Section 3 may be limited by the limitations contained in Section 8.

#### (3) BENEFITS PROVIDED UNDER THE POLICY:

**Note: You have the option to select a policy that provides for Facility Care Benefits only (Form 792 FC).** If you select such a policy, any reference herein to Home Care Benefits are not applicable. Your application will show if you selected Facility Care Benefits only.

**FACILITY CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day of your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit up to the Maximum Benefit Period. Payment of benefits is subject to the Waiting Period and to all provisions of the policy. The Waiting Period will not apply to a stay in a Hospice Care Facility.

**ROOM RESERVATION:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, to reserve your room when you are admitted as an inpatient to a hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit for up to fifteen (15) days in any twelve (12) month period. Days for which we pay this benefit are subject to the Waiting Period and count toward the Maximum Benefit Period.

**ALTERNATE CARE:** We may agree to pay benefits for stays in facilities not covered in the policy. When you are eligible for benefits, these benefits may be paid when:

- All facilities that are covered in the policy are unavailable to you within a fifty (50) mile radius of your Home;
- They are a cost effective option appropriate for your needs; and
- We approve the payment of this benefit to you.

Days for which we pay this benefit are subject to your Waiting Period and count toward the Maximum Benefit Period.

**HOME CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day you receive at least one (1) hour of Home Care Services in your Home from a Home Care Provider.

We will pay this benefit up to the Maximum Benefit Period. Payment of this benefit is subject to the Waiting Period and all provisions of the policy.

## Outline of Coverage

**RESPITE CARE:** When you are eligible for Home Care Benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to you when an informal, unpaid caregiver is temporarily relieved from providing those services to you.

We will pay this benefit up to a lifetime maximum of ten (10) days. Days for which we pay this benefit will count toward the Maximum Benefit Period but will not be subject to the Waiting Period.

**RESTORATION OF MAXIMUM BENEFIT PERIOD:** We will restore the days benefits were paid to you under the policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If you are cognitively impaired you did not require or receive the assistance or supervision of another person.

We reserve the right, at our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify you met the requirements above.

**POLICY BENEFIT AMOUNTS:** The daily amounts, maximum benefit periods and waiting periods available with the policy are as follows:

Daily Amounts – {\$50 to \$500} in \${10} increments.

Maximum Benefit Periods – {100}{,} {150}{,} {200}{,} {250}{,} {300} {or} {350} days.

Waiting Periods – {0}{,} {15}{,} {30} {or} {100} days.

**(4) OPTIONAL BENEFIT BY ENDORSEMENT:** The following optional benefit is available for an additional premium. This benefit, if purchased, will be added as an endorsement to the policy:

Simple Inflation Protection: Your original Daily Amount will increase by either 3% or 5% each year on your policy anniversary date, as selected by you on your application. Your premium will not increase with the increase in your Daily Amount, subject to our limited right to increase premiums.

**(5) ELIGIBILITY FOR BENEFITS:** Benefits under the policy are to be paid only when you are determined to be eligible for benefits.

You are eligible for benefits under the policy when we receive Eligibility Documentation which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition, benefits will be payable to you only when:

- a) Your eligibility for benefits begins while the policy is in force; and
- b) The services you receive are in keeping with your Plan of Care.

**(6) ELIGIBILITY DOCUMENTATION: COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:** If the Nursing Home in which you reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive MDS Assessment, we must be provided with a completed Comprehensive MDS Assessment verifying your eligibility for benefits under the policy. A Comprehensive MDS Assessment will be completed by the Nursing Home staff within the initial fourteen (14) days of your stay.

**ASSESSMENT:** We must be provided with a written Assessment performed by an Assessment Provider that verifies your eligibility for benefits:

- a) If the Nursing Home in which you reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If you reside in an Assisted Living Facility or Hospice Care Facility; or
- c) If you require the need for Home Care Services.

We will pay all costs associated with the performance of an Assessment.

**PLAN OF CARE:** When you are eligible for Facility Care Benefits or Home Care Benefits, a Plan of Care will be developed by you and a Care Planner. A Plan of Care is not required for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by you and the Care Planner as required to reflect changes in your functional or cognitive abilities and your care service needs.

We will pay all costs associated with the development of your Plan of Care and any changes to your Plan of Care.

### (7) IMPORTANT DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING (ADLs):

- a) Bathing – Your ability to wash yourself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing your hair or back.
- b) Continence – Your ability to maintain control of bowel and bladder function; or when you are unable to maintain control of bowel or bladder function, your ability to perform associated personal hygiene, including caring for a catheter or a colostomy bag.
- c) Dressing – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.
- d) Eating – Your ability to feed yourself by getting food into your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

- e) Toileting – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
- f) Transferring – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower.

**ASSESSMENT:** A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if you are eligible for benefits.

**ASSESSMENT PROVIDER:** An agency, entity or a person designated and approved by us to perform an Assessment. A person assigned to perform an Assessment will be a licensed health care practitioner.

**ASSISTED LIVING FACILITY:** A place which is a separate facility or distinct part of a health care facility or rehabilitation facility. which is licensed by the state, is operating pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that include three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide the services and care;
- d) Has formal arrangements with a physician or nurse to furnish medical care in emergencies, and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, personal care facility or adult foster home.

**CARE PLANNER:** Means a licensed health care practitioner employed or contracted by us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.



## Outline of Coverage

**COGNITIVE IMPAIRMENT:** The deterioration or loss of your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in your need for the continual assistance or supervision by another person to properly care for yourself, including supervision and assistance that is necessary to protect you from threats to your health or safety or the health and safety of others.

**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:**

A clinical assessment, developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs) Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

**ELIGIBLE CHARGES:** Those expenses for services provided to You in keeping with your Plan of Care and that you are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility; or as a recipient of Home Care Services.

Eligible Charges are limited to your Daily Amount and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by you for your appearance, comfort, convenience or entertainment.

**HANDS-ON ASSISTANCE:** The continual physical assistance of another person without which you would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

**HOME:** The place that you maintain as an independent residence or that a member of your immediate family with whom you live maintains as an independent residence. Your Home is not a hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.

**HOME CARE PROVIDER:** An organization or agency licensed by your state to provide Home Care Services, and operates under that license according to law; or, if licensing is not required, is an organization, agency or person approved by us to provide Home Care Services to you.

A Home Care Provider cannot be a member of your immediate family and must not have a financial interest or relationship with you or any member of your immediate family, other than an arrangement to provide Home Care Services.

**HOME CARE SERVICES:** Professional and personal care services you receive from a Home Care Provider in your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services for one or more of the following personal support services provided to you: meal preparation; laundry; light housekeeping; shopping for food, medications or medical supplies; and, transportation to and from appointments.

**HOSPICE CARE FACILITY:** A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

**MAXIMUM BENEFIT PERIOD:** The total number of days for which we will pay benefits under the policy. The Maximum Benefit Period will be reduced by one day for each day we pay Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision.

**NURSING CARE SERVICES:** Those services which are performed under orders of a physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

**NURSING HOME:** A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home or rehabilitation facility. is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

## Outline of Coverage

**PLAN OF CARE:** A written individualized plan of services that specifies your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services you receive. Your Plan of Care may contain services which you choose to receive but which are not covered services payable under the policy, including informal care provided by family or friends.

**WAITING PERIOD:** The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which you receive Home Care Services, required before benefits are payable. You need to satisfy your waiting period only once during your lifetime.

### **(8) LIMITATIONS AND EXCLUSIONS:**

**Pre-existing Condition Limitation:** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of your policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within six (6) months prior to the Effective Date of your policy.

The policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to you;
- e) Caused by a self-inflicted injury or attempted suicide, whether you are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which you are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to you by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or Home Care Provider;
- i) For services and supplies not included in your Plan of Care or your Itemized Billing Statement;
- j) For services provided to you by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

### **(9) GUARANTEED RENEWABILITY OF THE POLICY:**

You have the right to continue your policy as long as you pay your premiums when due.

**(10) PREMIUM:** The total annual premium for your policy, including any endorsement, is shown on the Policy Schedule.

We will not change the premium for your policy during your first year of coverage. Thereafter, we reserve the right to change premium rates for all policies of the same class. We will notify you at least 31 days before any premium change.

**THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. IT IS NOT AN INSURANCE CONTRACT. PLEASE CONSULT THE POLICY TO DETERMINE ALL GOVERNING CONTRACTUAL PROVISIONS, INCLUDING ANY LIMITATIONS OR EXCLUSIONS. PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.**

13



SERFF Tracking #:

ELCC-128190880

State Tracking #:

Company Tracking #:

792

State: Arkansas

Filing Company:

Equitable Life &amp; Casualty Insurance Company

TOI/Sub-TOI: H13I Individual Health - Short Term Care/H13I.002 Nursing Home

Product Name: Short Term Care

Project Name/Number: Short Term Care/792

## Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/16/2012	Form	Application	07/27/2012	
07/16/2012	Form	Outline of Coverage	07/27/2012	OLC 792.pdf (Superceded) OLC 792 AR.pdf
03/30/2012	Form	Limited Benefit Health Policy - Short Term Care	07/16/2012	792-policy.pdf (Superceded)
03/30/2012	Form	Limited Benefit Health Policy - Short Term Care - Facility Care Only	07/16/2012	792-FC policy.pdf (Superceded)
03/30/2012	Form	Application	07/16/2012	A-792 AR .pdf (Superceded)
03/30/2012	Form	Outline of Coverage	07/16/2012	OLC 792.pdf

## Outline of Coverage

Equitable Life & Casualty Insurance Company  
{3 Triad Center, Salt Lake City, UT 84180  
1-800-352-5150}

### OUTLINE OF COVERAGE LIMITED BENEFIT HEALTH COVERAGE SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY and HOME CARE BENEFITS Policy Form 792 { }

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the company. **THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

**(1) PLEASE READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**(2) LIMITED BENEFIT HEALTH COVERAGE:** Limited Benefit Health Coverage is designed to provide, to persons insured, limited or supplemental coverage. The policy benefits are outlined in Section 3 below; the benefits described in Section 3 may be limited by the limitations contained in Section 8.

#### **(3) BENEFITS PROVIDED UNDER THE POLICY:**

**Note: You have the option to select a policy that provides for Facility Care Benefits only (Form 792 FC).** If you select such a policy, any reference herein to Home Care Benefits are not applicable. Your application will show if you selected Facility Care Benefits only.

**FACILITY CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day of your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit up to the Maximum Benefit Period. Payment of benefits is subject to the Waiting Period and to all provisions of the policy. The Waiting Period will not apply to a stay in a Hospice Care Facility.

**ROOM RESERVATION:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, to reserve your room when you are admitted as an inpatient to a hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit for up to fifteen (15) days in any twelve (12) month period. Days for which we pay this benefit are subject to the Waiting Period and count toward the Maximum Benefit Period.

**ALTERNATE CARE:** We may agree to pay benefits for stays in facilities not covered in the policy. When you are eligible for benefits, these benefits may be paid when:

- All facilities that are covered in the policy are unavailable to you within a fifty (50) mile radius of your Home;
- They are a cost effective option appropriate for your needs; and
- We approve the payment of this benefit to you.

Days for which we pay this benefit are subject to your Waiting Period and count toward the Maximum Benefit Period.

**HOME CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day you receive at least one (1) hour of Home Care Services in your Home from a Home Care Provider.

We will pay this benefit up to the Maximum Benefit Period. Payment of this benefit is subject to the Waiting Period and all provisions of the policy.

## Outline of Coverage

**RESPIRE CARE:** When you are eligible for Home Care Benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to you when an informal, unpaid caregiver is temporarily relieved from providing those services to you.

We will pay this benefit up to a lifetime maximum of ten (10) days. Days for which we pay this benefit will count toward the Maximum Benefit Period but will not be subject to the Waiting Period.

**RESTORATION OF MAXIMUM BENEFIT PERIOD:** We will restore the days benefits were paid to you under the policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If you are cognitively impaired you did not require or receive the assistance or supervision of another person.

We reserve the right, at our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify you met the requirements above.

**POLICY BENEFIT AMOUNTS:** The daily amounts, maximum benefit periods and waiting periods available with the policy are as follows:

Daily Amounts – {\$50 to \$500} in \${10} increments.

Maximum Benefit Periods – {100}{,} {150}{,} {200}{,} {250}{,} {300} {or} {350} days.

Waiting Periods – {0}{,} {15}{,} {30} {or} {100} days.

**(4) OPTIONAL BENEFIT BY ENDORSEMENT:** The following optional benefit is available for an additional premium. This benefit, if purchased, will be added as an endorsement to the policy:

Simple Inflation Protection: Your original Daily Amount will increase by either 3% or 5% each year on your policy anniversary date, as selected by you on your application. Your premium will not increase with the increase in your Daily Amount, subject to our limited right to increase premiums.

**(5) ELIGIBILITY FOR BENEFITS:** Benefits under the policy are to be paid only when you are determined to be eligible for benefits.

You are eligible for benefits under the policy when we receive Eligibility Documentation which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition, benefits will be payable to you only when:

- a) Your eligibility for benefits begins while the policy is in force; and
- b) The services you receive are in keeping with your Plan of Care.

**(6) ELIGIBILITY DOCUMENTATION:**  
**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:** If the Nursing Home in which you reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive MDS Assessment, we must be provided with a completed Comprehensive MDS Assessment verifying your eligibility for benefits under the policy. A Comprehensive MDS Assessment will be completed by the Nursing Home staff within the initial fourteen (14) days of your stay.

**ASSESSMENT:** We must be provided with a written Assessment performed by an Assessment Provider that verifies your eligibility for benefits:

- a) If the Nursing Home in which you reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If you reside in an Assisted Living Facility or Hospice Care Facility; or
- c) If you require the need for Home Care Services.

We will pay all costs associated with the performance of an Assessment.

**PLAN OF CARE:** When you are eligible for Facility Care Benefits or Home Care Benefits, a Plan of Care will be developed by you and a Care Planner. A Plan of Care is not required for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by you and the Care Planner as required to reflect changes in your functional or cognitive abilities and your care service needs.

We will pay all costs associated with the development of your Plan of Care and any changes to your Plan of Care.

### (7) IMPORTANT DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING (ADLs):

- a) Bathing – Your ability to wash yourself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing your hair or back.
- b) Continence – Your ability to maintain control of bowel and bladder function; or when you are unable to maintain control of bowel or bladder function, your ability to perform associated personal hygiene, including caring for a catheter or a colostomy bag.
- c) Dressing – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.
- d) Eating – Your ability to feed yourself by getting food into your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

- e) Toileting – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
- f) Transferring – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower.

**ASSESSMENT:** A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if you are eligible for benefits.

**ASSESSMENT PROVIDER:** An agency, entity or a person designated and approved by us to perform an Assessment. A person assigned to perform an Assessment will be a licensed health care practitioner.

**ASSISTED LIVING FACILITY:** A place which is a separate facility or distinct part of a health care facility, which is licensed by the state, is operating pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that include three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide the services and care;
- d) Has formal arrangements with a physician or nurse to furnish medical care in emergencies, and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, personal care facility or adult foster home.

**CARE PLANNER:** Means a licensed health care practitioner employed or contracted by us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**COGNITIVE IMPAIRMENT:** The deterioration or loss of your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in your need for the continual assistance or supervision by another person to properly care for yourself, including supervision and assistance that is necessary to protect you from threats to your health or safety or the health and safety of others.

**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:**

A clinical assessment, developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs) Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

**ELIGIBLE CHARGES:** Those expenses for services provided to You in keeping with your Plan of Care and that you are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility; or as a recipient of Home Care Services.

Eligible Charges are limited to your Daily Amount and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by you for your appearance, comfort, convenience or entertainment.

**HANDS-ON ASSISTANCE:** The continual physical assistance of another person without which you would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

**HOME:** The place that you maintain as an independent residence or that a member of your immediate family with whom you live maintains as an independent residence. Your Home is not a hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.

**HOME CARE PROVIDER:** An organization or agency licensed by your state to provide Home Care Services, and operates under that license according to law; or, if licensing is not required, is an organization, agency or person approved by us to provide Home Care Services to you.

A Home Care Provider cannot be a member of your immediate family and must not have a financial interest or relationship with you or any member of your immediate family, other than an arrangement to provide Home Care Services.

**HOME CARE SERVICES:** Professional and personal care services you receive from a Home Care Provider in your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services for one or more of the following personal support services provided to you: meal preparation; laundry; light housekeeping; shopping for food, medications or medical supplies; and, transportation to and from appointments.

**HOSPICE CARE FACILITY:** A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

**MAXIMUM BENEFIT PERIOD:** The total number of days for which we will pay benefits under the policy. The Maximum Benefit Period will be reduced by one day for each day we pay Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision.

**NURSING CARE SERVICES:** Those services which are performed under orders of a physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

**NURSING HOME:** A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.



**PLAN OF CARE:** A written individualized plan of services that specifies your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services you receive. Your Plan of Care may contain services which you choose to receive but which are not covered services payable under the policy, including informal care provided by family or friends.

**WAITING PERIOD:** The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which you receive Home Care Services, required before benefits are payable. You need to satisfy your waiting period only once during your lifetime.

**(8) LIMITATIONS AND EXCLUSIONS:**

Pre-existing Condition Limitation: No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of your policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within six (6) months prior to the Effective Date of your policy.

The policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to you;
- e) Caused by a self-inflicted injury or attempted suicide, whether you are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which you are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to you by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or Home Care Provider;
- i) For services and supplies not included in your Plan of Care or your Itemized Billing Statement;
- j) For services provided to you by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

**(9) GUARANTEED RENEWABILITY OF THE POLICY:**

You have the right to continue your policy as long as you pay your premiums when due.

**(10) PREMIUM:** The total annual premium for your policy, including any endorsement, is shown on the Policy Schedule.

We will not change the premium for your policy during your first year of coverage. Thereafter, we reserve the right to change premium rates for all policies of the same class. We will notify you at least 31 days before any premium change.

**THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. IT IS NOT AN INSURANCE CONTRACT. PLEASE CONSULT THE POLICY TO DETERMINE ALL GOVERNING CONTRACTUAL PROVISIONS, INCLUDING ANY LIMITATIONS OR EXCLUSIONS. PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.**

## Outline of Coverage

Equitable Life & Casualty Insurance Company  
{3 Triad Center, Salt Lake City, UT 84180  
1-800-352-5150}

### OUTLINE OF COVERAGE LIMITED BENEFIT HEALTH COVERAGE SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY and HOME CARE BENEFITS Policy Form 792 AR

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the company. **THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

#### (1) PLEASE READ YOUR POLICY CAREFULLY:

This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**(2) LIMITED BENEFIT HEALTH COVERAGE:** Limited Benefit Health Coverage is designed to provide, to persons insured, limited or supplemental coverage. The policy benefits are outlined in Section 3 below; the benefits described in Section 3 may be limited by the limitations contained in Section 8.

#### (3) BENEFITS PROVIDED UNDER THE POLICY:

**Note: You have the option to select a policy that provides for Facility Care Benefits only (Form 792 FC).** If you select such a policy, any reference herein to Home Care Benefits are not applicable. Your application will show if you selected Facility Care Benefits only.

**FACILITY CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day of your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit up to the Maximum Benefit Period. Payment of benefits is subject to the Waiting Period and to all provisions of the policy. The Waiting Period will not apply to a stay in a Hospice Care Facility.

**ROOM RESERVATION:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, to reserve your room when you are admitted as an inpatient to a hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit for up to fifteen (15) days in any twelve (12) month period. Days for which we pay this benefit are subject to the Waiting Period and count toward the Maximum Benefit Period.

**ALTERNATE CARE:** We may agree to pay benefits for stays in facilities not covered in the policy. When you are eligible for benefits, these benefits may be paid when:

- a) All facilities that are covered in the policy are unavailable to you within a fifty (50) mile radius of your Home;
- b) They are a cost effective option appropriate for your needs; and
- c) We approve the payment of this benefit to you.

Days for which we pay this benefit are subject to your Waiting Period and count toward the Maximum Benefit Period.

**HOME CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day you receive at least one (1) hour of Home Care Services in your Home from a Home Care Provider.

We will pay this benefit up to the Maximum Benefit Period. Payment of this benefit is subject to the Waiting Period and all provisions of the policy.

## Outline of Coverage

**RESPIRE CARE:** When you are eligible for Home Care Benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to you when an informal, unpaid caregiver is temporarily relieved from providing those services to you.

We will pay this benefit up to a lifetime maximum of ten (10) days. Days for which we pay this benefit will count toward the Maximum Benefit Period but will not be subject to the Waiting Period.

**RESTORATION OF MAXIMUM BENEFIT PERIOD:** We will restore the days benefits were paid to you under the policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If you are cognitively impaired you did not require or receive the assistance or supervision of another person.

We reserve the right, at our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify you met the requirements above.

**POLICY BENEFIT AMOUNTS:** The daily amounts, maximum benefit periods and waiting periods available with the policy are as follows:

Daily Amounts – {\$50 to \$500} in \${10} increments.

Maximum Benefit Periods – {100}{,} {150}{,} {200}{,} {250}{,} {300} {or} {350} days.

Waiting Periods – {0}{,} {15}{,} {30} {or} {100} days.

**(4) OPTIONAL BENEFIT BY ENDORSEMENT:** The following optional benefit is available for an additional premium. This benefit, if purchased, will be added as an endorsement to the policy:

Simple Inflation Protection: Your original Daily Amount will increase by either 3% or 5% each year on your policy anniversary date, as selected by you on your application. Your premium will not increase with the increase in your Daily Amount, subject to our limited right to increase premiums.

**(5) ELIGIBILITY FOR BENEFITS:** Benefits under the policy are to be paid only when you are determined to be eligible for benefits.

You are eligible for benefits under the policy when we receive Eligibility Documentation which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition, benefits will be payable to you only when:

- a) Your eligibility for benefits begins while the policy is in force; and
- b) The services you receive are in keeping with your Plan of Care.

**(6) ELIGIBILITY DOCUMENTATION:**  
**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:** If the Nursing Home in which you reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive MDS Assessment, we must be provided with a completed Comprehensive MDS Assessment verifying your eligibility for benefits under the policy. A Comprehensive MDS Assessment will be completed by the Nursing Home staff within the initial fourteen (14) days of your stay.



**ASSESSMENT:** We must be provided with a written Assessment performed by an Assessment Provider that verifies your eligibility for benefits:

- a) If the Nursing Home in which you reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If you reside in an Assisted Living Facility or Hospice Care Facility; or
- c) If you require the need for Home Care Services.

We will pay all costs associated with the performance of an Assessment.

**PLAN OF CARE:** When you are eligible for Facility Care Benefits or Home Care Benefits, a Plan of Care will be developed by you and a Care Planner. A Plan of Care is not required for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by you and the Care Planner as required to reflect changes in your functional or cognitive abilities and your care service needs.

We will pay all costs associated with the development of your Plan of Care and any changes to your Plan of Care.

### (7) IMPORTANT DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING (ADLs):

- a) Bathing – Your ability to wash yourself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing your hair or back.
- b) Continence – Your ability to maintain control of bowel and bladder function; or when you are unable to maintain control of bowel or bladder function, your ability to perform associated personal hygiene, including caring for a catheter or a colostomy bag.
- c) Dressing – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.
- d) Eating – Your ability to feed yourself by getting food into your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

- e) Toileting – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
- f) Transferring – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower.

**ASSESSMENT:** A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if you are eligible for benefits.

**ASSESSMENT PROVIDER:** An agency, entity or a person designated and approved by us to perform an Assessment. A person assigned to perform an Assessment will be a licensed health care practitioner.

**ASSISTED LIVING FACILITY:** A place which is a separate facility or distinct part of a health care facility or rehabilitation facility, which is licensed by the state, is operating pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that include three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide the services and care;
- d) Has formal arrangements with a physician or nurse to furnish medical care in emergencies, and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, personal care facility or adult foster home.

**CARE PLANNER:** Means a licensed health care practitioner employed or contracted by us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

## Outline of Coverage

**COGNITIVE IMPAIRMENT:** The deterioration or loss of your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in your need for the continual assistance or supervision by another person to properly care for yourself, including supervision and assistance that is necessary to protect you from threats to your health or safety or the health and safety of others.

**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:**

A clinical assessment, developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs) Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

**ELIGIBLE CHARGES:** Those expenses for services provided to You in keeping with your Plan of Care and that you are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility; or as a recipient of Home Care Services.

Eligible Charges are limited to your Daily Amount and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by you for your appearance, comfort, convenience or entertainment.

**HANDS-ON ASSISTANCE:** The continual physical assistance of another person without which you would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

**HOME:** The place that you maintain as an independent residence or that a member of your immediate family with whom you live maintains as an independent residence. Your Home is not a hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.

**HOME CARE PROVIDER:** An organization or agency licensed by your state to provide Home Care Services, and operates under that license according to law; or, if licensing is not required, is an organization, agency or person approved by us to provide Home Care Services to you.

A Home Care Provider cannot be a member of your immediate family and must not have a financial interest or relationship with you or any member of your immediate family, other than an arrangement to provide Home Care Services.

**HOME CARE SERVICES:** Professional and personal care services you receive from a Home Care Provider in your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services for one or more of the following personal support services provided to you: meal preparation; laundry; light housekeeping; shopping for food, medications or medical supplies; and, transportation to and from appointments.

**HOSPICE CARE FACILITY:** A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

**MAXIMUM BENEFIT PERIOD:** The total number of days for which we will pay benefits under the policy. The Maximum Benefit Period will be reduced by one day for each day we pay Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision.

**NURSING CARE SERVICES:** Those services which are performed under orders of a physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

**NURSING HOME:** A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home or rehabilitation facility, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

## Outline of Coverage

**PLAN OF CARE:** A written individualized plan of services that specifies your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services you receive. Your Plan of Care may contain services which you choose to receive but which are not covered services payable under the policy, including informal care provided by family or friends.

**WAITING PERIOD:** The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which you receive Home Care Services, required before benefits are payable. You need to satisfy your waiting period only once during your lifetime.

### **(8) LIMITATIONS AND EXCLUSIONS:**

**Pre-existing Condition Limitation:** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of your policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within six (6) months prior to the Effective Date of your policy.

The policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to you;
- e) Caused by a self-inflicted injury or attempted suicide, whether you are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which you are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to you by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or Home Care Provider;
- i) For services and supplies not included in your Plan of Care or your Itemized Billing Statement;
- j) For services provided to you by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

### **(9) GUARANTEED RENEWABILITY OF THE POLICY:**

You have the right to continue your policy as long as you pay your premiums when due.

**(10) PREMIUM:** The total annual premium for your policy, including any endorsement, is shown on the Policy Schedule.

We will not change the premium for your policy during your first year of coverage. Thereafter, we reserve the right to change premium rates for all policies of the same class. We will notify you at least 31 days before any premium change.

**THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. IT IS NOT AN INSURANCE CONTRACT. PLEASE CONSULT THE POLICY TO DETERMINE ALL GOVERNING CONTRACTUAL PROVISIONS, INCLUDING ANY LIMITATIONS OR EXCLUSIONS. PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.**

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**LIMITED BENEFIT INSURANCE POLICY**  
**SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY OR HOME CARE RECOVERY BENEFITS**

This Policy is a legal contract between You, named as the Insured on the Policy Schedule, and Us. We promise to pay the benefits provided in this Policy for covered losses incurred by You while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy, including any endorsement which may be attached.

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" that You received from Us.

**THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

**YOUR THIRTY (30) DAY RIGHT TO EXAMINE THIS POLICY.** If for any reason You are not satisfied with this Policy, return it to Us or to the agent who sold it to You within thirty (30) days after You receive it. We will refund all premiums paid and consider the Policy to never have been issued.

**PRE-EXISTING CONDITION LIMITATION PERIOD.** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of this Policy that is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

**CONSIDERATION.** In consideration of Your application and the payment of the Initial Premium, this Policy will be in force until the first renewal date shown on the Policy Schedule (Page 3). Caution: The issuance of this Policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind this Policy, subject to the Time Limit on Certain Defenses (Page 17). The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at: {Equitable Life & Casualty, 3 Triad Center, Salt Lake City, UT 84180-1200, or call us, toll free, at 1-800-352-5150.}

**RENEWAL CONDITIONS – THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This means You have the right to continue this Policy as long as You pay Your premium on time. We cannot change any of the terms of this Policy on Our own, except that in the future We may increase premiums.

**PREMIUM CHANGES.** We will not change the premium for this Policy during Your first year of coverage. Thereafter, We may change the premium for this Policy, but only if We change it for all policies like Yours in Your state on a premium class basis. A premium class is determined by age, benefits and the year this Policy is issued. You will be notified in writing at least {thirty-one (31)} days before any premium change.

**EFFECTIVE DATE OF COVERAGE.** This Policy, as signed by Our President and Secretary, begins at 12:01 a.m. in the time zone in which You reside on the Effective Date shown on the Policy Schedule. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

{  }

Secretary

{  }

President

**THIS IS A LIMITED POLICY - PLEASE READ IT CAREFULLY**

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## POLICY SCHEDULE

*In this Policy We often refer to Your Policy Schedule. This schedule is important. It tells You the amount of Your premium and the type and amount of benefits that You have chosen or are included in the Policy.*

Insured:	{John Doe}	Policy Number:	{1234567}
		Effective Date:	{04/01/2012}
Initial Premium:	{\$XXX.XX}	First Renewal Date:	{04/01/2013}
{Alternate Payor:	Bob Doe}	Policy Anniversary Date:	{April 1}

### DIRECT BILL RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly
Policy	{\$XXX.XX }		
{Inflation Benefits	\$XXX.XX}		
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX}

### BANK DRAFT RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly
Policy	{\$XXX.XX}			
{Inflation Benefits	\$XXX.XX}			
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX}

*Please contact Our EquiCenter at {1-800-352-5170} if You have any questions about Your payment options.*

## POLICY BENEFITS FOR NURSING HOMES, ASSISTED LIVING FACILITIES, HOSPICE CARE FACILITIES OR HOME CARE

Daily Amount . . . . .	Eligible Charges Up to {\$50.00 – \$500.00}
Maximum Benefit Period . . . . .	{100} {150} {200} {250} {300} {350} Service Days
Waiting Period . . . . .	{0} {15} {30} {100} Service Days

### ADDITIONAL BENEFITS

Room Reservation . .	Eligible Charges Up to Your Daily Amount – Up to 15 Days Every 12 Months
Alternate Care . . . . .	Eligible Charges Up to the Daily Amount Approved
Respite Care . . . . .	Eligible Charges up to Your Daily Amount – Up to 10 Days Lifetime Maximum
Restoration of Benefits . . . . .	Up to Double Your Maximum Benefit Period

### {OPTIONAL BENEFITS}

{Automatic Simple Inflation Benefits . . . . . {3%} {5%}}

*In this Policy the words “You”, “Your” and “Yourself” refer to the Insured named in the Policy Schedule. The words “We,” “Us,” and “Our” refer to Equitable Life & Casualty Insurance Company.*

*This Policy contains certain terms, words or phrases that have special meaning. We have capitalized those terms, words or phrases for Your convenience. These terms, words or phrases are explained or defined as they appear in the sections of this Policy. Others are contained in the Additional Definitions section (Page 13).*

## ELIGIBILITY FOR PAYMENT OF BENEFITS

This Policy provides benefits for Facility Care and for Home Care. Facility Care Benefits are payable to You for services You receive during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility. Home Care Benefits are payable to You for covered services provided to You in Your Home by a Home Care Provider.

All benefits in this Policy are to be paid to You only when You are determined to be eligible for benefits and You continue to be eligible for benefits.

You are eligible for benefits under this Policy when We receive Your completed Benefit Eligibility Documentation (Page 5) which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition to Us receiving Your Benefit Eligibility Documentation, benefits will be payable to You only when:

- a) Your eligibility for benefits begins while this Policy is in force; and
- b) The services You receive are in keeping with Your Plan of Care.

### What is Hands-On Assistance?

The continual physical assistance of another person without which You would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

### What are the Activities of Daily Living (ADLs)?

*Bathing* – Your ability to wash Yourself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing Your hair or back.

*Continence* – Your ability to maintain control of bowel and bladder function; or when You are unable to maintain control of bowel or bladder function, Your ability to perform associated personal hygiene, and caring for a catheter or a colostomy bag.

*Dressing* – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.

*Eating* – Your ability to feed Yourself by getting food into Your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

*Toileting* – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

*Transferring* – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower (see Bathing above).

### **What is a Cognitive Impairment?**

The deterioration or loss of Your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in Your need for the continual assistance of, or supervision by, another person to properly care for Yourself, including supervision and assistance that is necessary to protect You from threats to Your health or safety or the health and safety of others.

## **BENEFIT ELIGIBILITY DOCUMENTATION**

We must receive documentation which verifies that You are eligible to receive benefits under this Policy before benefits can be paid to You. The documentation needed by Us will depend on the place where services are going to be provided to You. The types of documentation needed by Us are described below.

### **COMPREHENSIVE MINIMUM DATA SET ASSESSMENT (MDS)**

If the Nursing Home in which You reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive Minimum Data Set Assessment (often referred to as an MDS), We must be provided with a completed Comprehensive MDS Assessment that verifies Your eligibility for benefits.

### **What is a Comprehensive Minimum Data Set Assessment?**

A clinical assessment developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs), Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

A Comprehensive MDS Assessment is normally completed by the appropriate Nursing Home staff within the first fourteen (14) days of a stay.

## **ASSESSMENT**

We must be provided with a written Assessment performed by an Assessment Provider that verifies Your eligibility for benefits:

- a) If the Nursing Home in which You reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If You reside in an Assisted Living Facility or a Hospice Care Facility; or
- c) If You require Home Care Services.

We will pay all costs associated with the performance of an Assessment.

### **What is an Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You are eligible for benefits.



**What is an Assessment Provider?**

An agency, entity or person designated and approved by Us to perform an Assessment. A person assigned to perform an Assessment will be a Licensed Health Care Practitioner.

**What is a Licensed Health Care Practitioner?**

A registered professional nurse, licensed social worker or other similarly licensed person.

A Licensed Health Care Practitioner may not be a member of Your Immediate Family, nor be the proprietor or an employee of a Nursing Home, Assisted Living Facility, Hospice Care Facility or a Home Care Provider that will provide care services to You under Your Plan of Care.

**PLAN OF CARE**

When You are eligible for benefits for Your stay in a Nursing Home or an Assisted Living Facility, or when You are eligible for Home Care Benefits, a Plan of Care will be developed by You and a Care Planner. We do not require a Plan of Care for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by You and the Care Planner as required to reflect changes in Your functional or cognitive abilities and Your care service needs.

We will pay all costs associated with the development of Your Plan of Care and any changes to Your Plan of Care.

**What is a Plan of Care?**

A written individualized plan of services that specifies Your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services You receive. Your Plan of Care may contain services which You choose to receive but which are not covered services payable under this Policy, including informal care provided by family or friends.

**What is a Care Planner?**

A Licensed Health Care Practitioner employed or contracted by Us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**PERIODIC RE-ASSESSMENTS**

We reserve the right to have You re-assessed to determine Your continued eligibility for the payment of Facility Care Benefits and Home Care Benefits when and as often as reasonably necessary throughout the duration of Your claim for benefits.

We will pay all costs associated with the performance of any Re-Assessment.

**What is a Re-Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You continue to be eligible for benefits.

**How often is a Re-Assessment done?**

The timing of a Re-Assessment will depend on Your physical function or cognitive abilities, the place where You receive services and the amount of services You receive. A Re-Assessment schedule can be part of Your Plan of Care. Generally, a Re-Assessment will not take place more than once in any 90 day period.

**POLICY BENEFITS****FACILITY CARE BENEFITS**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day of Your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay Facility Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 12).

Payment of Facility Care Benefits to You is subject to Your Waiting Period and to all provisions of this Policy. Your Waiting Period will not apply to a stay in a Hospice Care Facility.

Your Daily Amount, Maximum Benefit Period and Waiting Period are listed on Your Policy Schedule (Page 3).

**What are Eligible Charges for Facility Care Benefits?**

Those expenses for services provided to You in keeping with Your Plan of Care and that You are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

### **What is a Nursing Home?**

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

A Nursing Home does NOT include the following places or facilities:

- a) A Hospital;
- b) An Assisted Living Facility;
- c) An adult foster home;
- d) An Alzheimer's care facility or unit;
- e) A residential care facility;
- f) A personal care facility;
- g) A Hospice Care Facility;
- h) A place primarily providing care and treatment for alcoholism or substance abuse;
- i) A place primarily providing care and treatment of mental disease or mental disorders;
- j) A community living center or a place that primarily provides domiciliary custodial, retirement or educational care;
- k) A continuing care retirement community, an independent living unit, an apartment or Your Home; or
- l) Any other facility or entity not licensed as a nursing home in Your state of residence.

### **What are Nursing Care Services?**

Those services which are performed under orders of a Physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

### **What is an Assisted Living Facility?**

A place which is a separate facility or distinct part of a health care facility, which is licensed by the state, is operated pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that includes three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide services and care;
- d) Has formal arrangements with a Physician or nurse to furnish medical care in emergencies; and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, a personal care facility or an adult foster home.

An Assisted Living Facility does NOT include the following places or facilities:

- a) Your Home;
- b) A Hospital;
- c) A Nursing Home;
- d) A continuing care retirement community, an independent living unit, or an apartment;
- e) A place primarily providing care and treatment for alcoholism or substance abuse;
- f) A place primarily providing care and treatment of mental disease or mental disorders; or
- g) A community living center or a place that primarily provides domiciliary, custodial, retirement or educational care.

### **What is a Hospice Care Facility?**

A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

### **What is Hospice Care?**

A program of care for the Terminally Ill and their families that includes medical, palliative, psychological, spiritual or supportive care and treatment, provided in a Hospice Care Facility.

You are considered to be Terminally Ill when:

- a) Your Physician and the hospice medical director certify that You are Terminally Ill and have a life expectancy of six (6) months or less if Your illness runs its normal course; and
- b) You receive care from a Medicare-approved Hospice Care program.

## **ADDITIONAL FACILITY CARE BENEFITS**

### **ROOM RESERVATION**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, to reserve Your room when You are admitted as an inpatient to a Hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Room Reservation benefits are payable to You following Your discharge from the Hospital and Your return to the Nursing Home, Assisted Living Facility or Hospice Care Facility where You resided immediately prior to Your admission to the Hospital.

We will pay Room Reservation benefits to You for up to fifteen (15) days in any twelve (12) month period. Days for which We pay Room Reservation benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

### **What is a Hospital?**

A medical facility which:

- a) Is legally licensed and operated as an acute care hospital;
- b) Is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations;
- c) Provides inpatient care of injured and sick people;
- d) Is supervised by a Physician;
- e) Provides 24-hour-a-day nursing services supervised by or under a registered professional nurse (RN);
- f) Provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities; and
- g) Maintains permanent medical history records.

A Hospital is not a bed, unit, or facility that functions as a:

- a) Skilled nursing facility;
- b) Residential or personal care facility;
- c) Adult foster home;
- d) Nursing Home or nursing facility;
- e) Assisted Living Facility;
- f) Extended care or long term care facility;
- g) Rehabilitation center;
- h) Ambulatory surgical center or other outpatient facility;
- i) Place primarily providing care and treatment for alcoholism or substance abuse; or
- j) Facility for the care and treatment of mental disease or mental disorders.

## ALTERNATE CARE

We may agree to pay benefits to You for stays in facilities that are not specifically covered by this Policy. When You are determined to be eligible for benefits, Alternate Care benefits may be paid to You when:

- a) All facilities that are covered by this Policy are unavailable to You within a radius of fifty (50) miles from Your Home; and
- b) Your stay in a non-covered facility is a cost effective alternative that is appropriate for Your needs; and
- c) We approve the payment of Alternate Care benefits to You.

We reserve the right to review the appropriateness of paying Alternate Care benefits to You at any time. Days for which We pay Alternate Care benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

## HOME CARE BENEFITS

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day You receive at least one (1) hour of Home Care Services in Your Home from a Home Care Provider.

We will pay Home Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day that We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 12).

The payment of Home Care Benefits to You is subject to Your Waiting Period and all provisions of this Policy.

Your Daily Amount, Maximum Benefit Period and Waiting Period are shown on Your Policy Schedule (Page 3).

### What are Eligible Charges for Home Care Benefits?

Those expenses for Home Care Services provided to You in keeping with Your Plan of Care and that You are obligated to pay.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

### What does Home mean?

The place that You maintain as an independent residence or that a member of Your Immediate Family with whom You live maintains as an independent residence. Your Home is not a Hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.

**What are Home Care Services?**

Professional and personal care services You receive from a Home Care Provider in Your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services provided by a Home Care Provider for one or more of the following personal support services provided to You: meal preparation; laundry; light house-keeping; shopping for food, medications or medical supplies; and transportation to and from appointments.

**What is a Home Care Provider?**

An organization or agency licensed by Your state to provide Home Care Services, which operates under that license according to law; or, if licensing is not required, an organization, agency or person approved by Us to provide Home Care Services to You.

A Home Care Provider cannot be a member of Your Immediate Family and must not have a financial interest or relationship with You or any member of Your Immediate Family, other than an arrangement to provide Home Care Services.

**ADDITIONAL HOME CARE BENEFITS****RESPIRE CARE**

When You are determined to be eligible for Home Care Benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to You when an informal, unpaid caregiver is temporarily relieved from providing those services to You.

We will pay Respite Care benefits to You up to a lifetime maximum of ten (10) days.

Days for which We pay Respite Care benefits to You will count toward Your Maximum Benefit Period but will not be subject to Your Waiting Period.

## **ADDITIONAL POLICY BENEFITS**

### **RESTORATION OF YOUR MAXIMUM BENEFIT PERIOD**

This benefit allows You to restore Your Maximum Benefit Period, as shown on Your Policy Schedule (Page 3), by the number of days benefits were paid to You.

We will restore the days benefits were paid to You under this Policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If You are cognitively impaired You did not require or receive the assistance or supervision of another person.

The number of days benefits were paid to You will be restored each time You meet the requirements above, until the total number of days restored are equal to Your Maximum Benefit Period (effectively allowing You to double Your Maximum Benefit Period).

We reserve the right, at Our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify You met the requirements above.

## **ADDITIONAL DEFINITIONS**

### **IMMEDIATE FAMILY**

Means a person who is related to You by blood, marriage or adoption, including, but not limited to, Your spouse, mother, father, mother-in-law, father-in-law, son, son-in-law, daughter, daughter-in-law, niece, nephew, aunt, uncle, or grandchild.

### **MAXIMUM BENEFIT PERIOD**

The total number of days for which We will pay Facility Care benefits and Home Care Benefits under this Policy.

Your Maximum Benefit Period is shown on Your Policy Schedule (Page 3).

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits or Home Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision of this Policy (Page 12).

### **MEDICARE**

The federal program for health care reimbursement established under Title XVIII of The Social Security Act, as amended.

### **PHYSICIAN**

A person other than You or a member of Your Immediate Family who:

- a) Is a doctor of medicine or osteopathy who is duly licensed by the state to practice medicine or osteopathy; and
- b) Provides services within the scope of his or her licenses.

### **WAITING PERIOD**

The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which You receive Home Care Services, before benefits are payable to You. You need to satisfy Your Waiting Period only once during Your lifetime.

Your Waiting Period is shown on Your Policy Schedule (Page 3).



## LIMITATIONS AND EXCLUSIONS

This Policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to You;
- e) Caused by a self-inflicted injury or attempted suicide, whether You are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which You are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to You by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or a Home Care Provider;
- i) For services and supplies not included in Your Plan of Care or Your Itemized Billing Statement;
- j) For services provided to You by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

No claim for benefits will be denied for any covered loss that begins after the first six (6) months following the Effective Date of this Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

## **CLAIMS PROCESS AND PROCEDURES**

The following provisions explain what is required for You to file a claim for benefits under this Policy and what We must do when You file a claim for benefits with Us. We also provide You with a process in which to appeal Our decision should You disagree with Our decision about Your claim for benefits.

If You have any questions about Our claims process and procedures please call our Benefit Specialty Unit, toll free, at {1-800-352-5130}.

### **NOTICE OF CLAIM**

Written notice of claim must be given to Us within twenty (20) days after a covered loss begins or as soon as reasonably possible. No special form is required. The notice can be given to Us at Our home office or to an authorized agent. The notice should include Your name and Your policy number.

### **PROOF OF LOSS FORMS**

When We receive Notice of Claim, We will send You Proof of Loss forms (claim forms). If these forms are not given to You within 15 days, You can meet this requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

### **PROOF OF LOSS**

Written Proof of Loss must be given to Us within 90 days after We send You the Proof of Loss forms. If it was not reasonably possible for You to complete the forms in the time required, We will not reduce or deny Your claim for this reason if the Proof of Loss forms are filed with Us as soon as possible, but no later than one (1) year from the time specified, unless You were legally incapacitated.

### **HOW CLAIMS ARE EVALUATED**

When We receive Your Notice of Claim, We will collect all the information and documentation We need to determine if You meet the Eligibility for Payment of Benefits requirements (Page 4). This will include information We receive directly from You during Our claim intake interview, and may include information from any other person acting on Your behalf. This will also include the Benefit Eligibility Documentation required to verify Your eligibility for benefits (Page 5).

To assist Us in evaluating Your claim We may also need to contact Your Physician or other care provider(s) and review Your medical records and/or Your care records. This will be done with Your written authorization.

Based on Our evaluation of the submitted information and documentation, We will determine Your eligibility for benefits. We will not pay benefits to You until We determine You are eligible for the payment of benefits.

### **WRITTEN NOTIFICATION**

We will notify You in writing whether or not You are eligible for the payment of benefits within ten (10) days after We receive all required information and documentation.

### **PLAN OF CARE**

When You are determined to be eligible for benefits, We will arrange for a Plan of Care to be developed by You and a Care Planner designated by Us (Page 6). Benefits are payable for covered services provided to You in keeping with Your Plan of Care.

## **CLAIMS PROCESS AND PROCEDURES (continued)**

### **ITEMIZED BILLING STATEMENT (for HOME CARE BENEFITS only)**

When You are determined to be eligible for Home Care Benefits, Your Home Care Provider will submit a billing statement to Us that shows the itemized Home Care Services provided to You on a daily basis. We will accept this Itemized Billing Statement from Your Home Care Provider as Your Notice of Claim and written Proof of Loss for Your continuing claims. The Itemized Billing Statement must be provided to Us within the timeframes specified in the Proofs of Loss provision above.

### **TIMELY PAYMENT OF CLAIMS**

We will pay benefits under this Policy promptly after We receive written Proof of Loss and determine You are eligible for the payment of benefits.

### **PAYMENT OF CLAIMS**

We will pay all benefits to You. Any benefits unpaid at Your death will be paid to Your surviving spouse, if any, or to Your estate.

### **UNPAID PREMIUM**

When a claim is paid, any premium due and unpaid may be deducted from the claim payment, including premiums due and unpaid during the Grace Period.

### **RIGHT OF RECOVERY**

If We pay any benefits in excess of the correct amount payable to You under any provision of this Policy, We reserve the right to collect any excess amount from You, or Your estate, under any legal means available.

### **EXAMINATIONS AND PERIODIC RE-ASSESSMENTS**

We, at Our expense, reserve the right to have You examined and re-assessed to determine Your continued eligibility for the payment of benefits when and as often as reasonably necessary throughout the duration of a claim.

### **CLAIM APPEAL PROCESS AND REVIEW**

If You believe that Our decision on Your claim for benefits is in error, You may appeal Our decision and We will reconsider Your claim. Send Us a written request (no special form is required) explaining why, under the provisions of this Policy, You believe We should change Our decision.

Your written request must be submitted within sixty (60) days of Your receipt of the Explanation of Benefits (EOB) of Your claim. You may authorize someone else to act for You in this process. Your written request should include Your name, the Policy number, the names, addresses and phone numbers of any persons or organizations You believe We should contact to learn more about the claim under reconsideration, and any supporting documentation or records.

Once We have completed Our review, We will notify You in writing of Our decision. This notification will be sent to You no later than thirty (30) days after receipt of Your written request for appeal. We will pay any benefits to You that may then be due as a result of Our reconsideration. Should We require longer than thirty (30) days to make Our decision, We will notify You in writing of the reasons for the delay. In any event, the delay will be no longer than an additional forty-five (45) days.

Our final decision on Your appeal does not prevent You from taking further legal action.

## IMPORTANT CONTRACT PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Policy, with its endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### TIME LIMIT ON CERTAIN DEFENSES

No statements, except fraudulent misstatements in Your application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after two (2) years from the Effective Date of this Policy. A copy of Your application is attached.

### GRACE PERIOD

This Policy has a thirty-one (31) day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period this Policy will stay in force.

### ALTERNATE PAYOR

An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown in the Policy Schedule. This Policy contains a thirty-one (31) day Grace Period plus a fifteen (15) day Conservation Period for the payment of renewal premiums.

### CONSERVATION PERIOD

You have an additional fifteen (15) days beyond the Grace Period to pay Your premium. During this fifteen (15) day extension, this Policy is not in force unless Your premium is paid within this period. This Policy will then be renewed with no lapse in coverage.

### POLICY TERMINATION

This Policy will terminate and coverage will end on the earliest of:

- a) The date this Policy lapses for non-payment of premium following the Grace Period; or
- b) The date of Your death.

Termination of this Policy for non-payment of premium is subject to the Extension of Benefits provision.

### REINSTATEMENT

If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the forty-fifth (45th) day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.

The reinstated Policy will only cover a loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy. Any premium accepted with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

### **EXTENSION OF BENEFITS**

Should this Policy lapse for nonpayment of premium, a covered Facility Care confinement that began while this Policy was in force will continue to be covered until the date that is the earlier of:

- a) The date You are discharged from the Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) The date You no longer meet the requirements for Eligibility for Payment of Benefits (Page 4); or
- c) The date You reach Your Maximum Benefit Period.

Extension of Benefits does not apply to Home Care Benefits and is subject to all other applicable provisions of this Policy.

### **REFUND OF PREMIUM AT DEATH**

We will refund that part of any premium paid for an insured person which covers a period beyond the end of the Policy month of that person's death.

### **LEGAL ACTION**

No legal action may be brought to recover on this Policy within sixty (60) days after written Proof of Loss has been given as required by this Policy. No action may be brought after three (3) years from the time written Proof of Loss is required to be given.

### **OTHER INSURANCE WITH US**

You can be insured under only one Policy in this Policy form series with Us. If, through error, You are insured under any other Policy in this Policy form series, only the one Policy You choose to keep will be effective. We will refund the premiums paid for any insurance which is not effective.

### **MISSTATEMENT OF AGE**

If Your age at the time this Policy was issued to You was misstated, We will pay only such amounts as the premium paid would have purchased at Your correct age. In the event Your age is overstated, We will refund any premium that may be due when We have been notified of this fact. If based on Your correct age We would not have issued this Policy to You, Our liability will be limited to the refund of any premium paid, subject to any benefits paid.

### **CONFORMITY WITH STATE LAWS**

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state where You reside on that date is amended to conform to the minimum requirements of those laws.

**LIMITED BENEFIT INSURANCE POLICY**  
**SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY RECOVERY BENEFITS**

This Policy is a legal contract between You, named as the Insured on the Policy Schedule, and Us. We promise to pay the benefits provided in this Policy for covered losses incurred by You while this Policy is in force. All benefits are subject to the definitions, limitations, exclusions and all other provisions of this Policy, including any endorsement which may be attached.

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, please review the "Guide to Health Insurance for People with Medicare" that You received from Us.

**THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

**YOUR THIRTY (30) DAY RIGHT TO EXAMINE THIS POLICY.** If for any reason You are not satisfied with this Policy, return it to Us or to the agent who sold it to You within thirty (30) days after You receive it. We will refund all premiums paid and consider the Policy to never have been issued.

**PRE-EXISTING CONDITION LIMITATION PERIOD.** No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of this Policy that is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

**CONSIDERATION.** In consideration of Your application and the payment of the Initial Premium, this Policy will be in force until the first renewal date shown on the Policy Schedule (Page 3). Caution: The issuance of this Policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind this Policy, subject to the Time Limit on Certain Defenses (Page 15). The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at: {Equitable Life & Casualty, 3 Triad Center, Salt Lake City, UT 84180-1200, or call us, toll free, at 1-800-352-5150}.

**RENEWAL CONDITIONS – THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.** This means You have the right to continue this Policy as long as You pay Your premium on time. We cannot change any of the terms of this Policy on Our own, except that in the future We may increase premiums.

**PREMIUM CHANGES.** We will not change the premium for this Policy during Your first year of coverage. Thereafter, We may change the premium for this Policy, but only if We change it for all policies like Yours in Your state on a premium class basis. A premium class is determined by age, benefits and the year this Policy is issued. You will be notified in writing at least {thirty-one (31)} days before any premium change.

**EFFECTIVE DATE OF COVERAGE.** This Policy, as signed by Our President and Secretary, begins at 12:01 a.m. in the time zone in which You reside on the Effective Date shown on the Policy Schedule. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

{  }

Secretary

{  }

President

**THIS IS A LIMITED POLICY - PLEASE READ IT CAREFULLY**

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## POLICY SCHEDULE

*In this Policy We often refer to Your Policy Schedule. This schedule is important. It tells You the amount of Your premium and the type and amount of benefits that You have chosen or are included in the Policy.*

Insured	{John Doe}	Policy Number:	{1234567}
		Effective Date:	{04/01/2012}
Initial Premium:	{\$XXX.XX}	First Renewal Date:	{04/01/2013}
{Alternate Payor:	Bob Doe}	Policy Anniversary Date:	{April 1}

## DIRECT BILL RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly
Policy	{\$XXX.XX }		
{Inflation Benefits	\$XXX.XX}		
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX}

## BANK DRAFT RENEWAL PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly
Policy	{\$XXX.XX}			
{Inflation Benefits	\$XXX.XX}			
Total	{\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX}

*Please contact Our EquiCenter at {1-800-352-5170} if You have any questions about Your payment options.*

## POLICY BENEFITS FOR NURSING HOMES, ASSISTED LIVING FACILITIES OR HOSPICE CARE FACILITIES

Daily Amount . . . . .	Eligible Charges Up to {\$50.00 – \$500.00}
Maximum Benefit Period . . . . .	{100} {150} {200} {250} {300} {350} Service Days
Waiting Period . . . . .	{0} {15} {30} {100 } Service Days

## ADDITIONAL BENEFITS

Room Reservation . .	Eligible Charges Up to Your Daily Amount – Up to 15 Days Every 12 Months
Alternate Care . . . . .	Eligible Charges Up to the Daily Amount Approved
Restoration of Benefits . . . . .	Up to Double Your Maximum Benefit Period

## {OPTIONAL BENEFITS}

{Automatic Simple Inflation Benefits . . . . . {3%} {5%}}

*In this Policy the words “You”, “Your” and “Yourself” refer to the Insured named in the Policy Schedule. The words “We,” “Us,” and “Our” refer to Equitable Life & Casualty Insurance Company.*

*This Policy contains certain terms, words or phrases that have special meaning. We have capitalized those terms, words or phrases for Your convenience. These terms, words or phrases are explained or defined as they appear in the sections of this Policy. Others are contained in the Additional Definitions section (Page 11).*



## ELIGIBILITY FOR PAYMENT OF BENEFITS

This Policy provides benefits for Facility Care. Facility Care Benefits are payable to You for services You receive during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

All benefits in this Policy are to be paid to You only when You are determined to be eligible for benefits and You continue to be eligible for benefits.

You are eligible for benefits under this Policy when We receive Your completed Benefit Eligibility Documentation (Page 5) which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition to Us receiving Your Benefit Eligibility Documentation, benefits will be payable to You only when:

- a) Your eligibility for benefits begins while this Policy is in force; and
- b) The services You receive are in keeping with Your Plan of Care.

### What is Hands-On Assistance?

The continual physical assistance of another person without which You would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

### What are the Activities of Daily Living (ADLs)?

*Bathing* – Your ability to wash Yourself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing Your hair or back.

*Continence* – Your ability to maintain control of bowel and bladder function; or when You are unable to maintain control of bowel or bladder function, Your ability to perform associated personal hygiene, and caring for a catheter or a colostomy bag.

*Dressing* – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.

*Eating* – Your ability to feed Yourself by getting food into Your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

*Toileting* – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

*Transferring* – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower (see Bathing above).

### What is a Cognitive Impairment?

The deterioration or loss of Your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in Your need for the continual assistance of, or supervision by, another person to properly care for Yourself, including supervision and assistance that is necessary to protect You from threats to Your health or safety or the health and safety of others.

## **BENEFIT ELIGIBILITY DOCUMENTATION**

We must receive documentation which verifies that You are eligible to receive benefits under this Policy before benefits can be paid to You. The documentation needed by Us will depend on the place where services are going to be provided to You. The types of documentation needed by Us are described below.

### **COMPREHENSIVE MINIMUM DATA SET ASSESSMENT (MDS)**

If the Nursing Home in which You reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive Minimum Data Set Assessment (often referred to as an MDS), We must be provided with a completed Comprehensive MDS Assessment that verifies Your eligibility for benefits.

#### **What is a Comprehensive Minimum Data Set Assessment?**

A clinical assessment developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs), Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

A Comprehensive MDS Assessment is normally completed by the appropriate Nursing Home staff within the first fourteen (14) days of a stay.

### **ASSESSMENT**

We must be provided with a written Assessment performed by an Assessment Provider that verifies Your eligibility for benefits:

- a) If the Nursing Home in which You reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If You reside in an Assisted Living Facility or a Hospice Care Facility.

We will pay all costs associated with the performance of an Assessment.

#### **What is an Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You are eligible for benefits.

#### **What is an Assessment Provider?**

An agency, entity or person designated and approved by Us to perform an Assessment. A person assigned to perform an Assessment will be a Licensed Health Care Practitioner.

**What is a Licensed Health Care Practitioner?**

A registered professional nurse, licensed social worker or other similarly licensed person.

A Licensed Health Care Practitioner may not be a member of Your Immediate Family, nor be the proprietor or an employee of a Nursing Home, Assisted Living Facility, or Hospice Care Facility.

**PLAN OF CARE**

When You are eligible for benefits for Your stay in a Nursing Home or Assisted Living Facility, a Plan of Care will be developed by You and a Care Planner. We do not require a Plan of Care for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by You and the Care Planner as required to reflect changes in Your functional or cognitive abilities and Your care service needs.

We will pay all costs associated with the development of Your Plan of Care and any changes to Your Plan of Care.

**What is a Plan of Care?**

A written individualized plan of services that specifies Your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services You receive. Your Plan of Care may contain services which You choose to receive but which are not covered services payable under this Policy, including informal care provided by family or friends.

**What is a Care Planner?**

A Licensed Health Care Practitioner employed or contracted by Us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**PERIODIC RE-ASSESSMENTS**

We reserve the right to have You re-assessed to determine Your continued eligibility for the payment of Facility Care Benefits when and as often as reasonably necessary throughout the duration of Your claim for benefits.

We will pay all costs associated with the performance of any Re-Assessment.

**What is a Re-Assessment?**

A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if You continue to be eligible for benefits.

**How often is a Re-Assessment done?**

The timing of a Re-Assessment will depend on Your physical function or cognitive abilities, the place where You receive services and the amount of services You receive. A Re-Assessment schedule can be part of Your Plan of Care. Generally, a Re-Assessment will not take place more than once in any 90 day period.

## **POLICY BENEFITS**

### **FACILITY CARE BENEFITS**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, for each day of Your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay Facility Care Benefits to You up to Your Maximum Benefit Period.

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period (Page 10).

The payment of Facility Care Benefits to You is subject to Your Waiting Period and to all provisions of this Policy. Your Waiting Period will not apply to a stay in a Hospice Care Facility.

Your Daily Amount, Maximum Benefit Period and Waiting Period are listed on Your Policy Schedule (Page 3).

#### **What are Eligible Charges for Facility Care Benefits?**

Those expenses for services provided to You in keeping with Your Plan of Care and that You are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Eligible Charges are limited to Your Daily Amount as shown on Your Policy Schedule (Page 3) and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by You for Your appearance, comfort, convenience or entertainment.

#### **What is a Nursing Home?**

A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.

A Nursing Home does NOT include the following places or facilities:

- a) A Hospital;
- b) An Assisted Living Facility;
- c) An adult foster home;
- d) An Alzheimer's care facility or unit;
- e) A residential care facility;
- f) A personal care facility;
- g) A Hospice Care Facility;
- h) A place primarily providing care and treatment for alcoholism or substance abuse;
- i) A place primarily providing care and treatment of mental disease or mental disorders;
- j) A community living center or a place that primarily provides domiciliary custodial, retirement or educational care;
- k) A continuing care retirement community, an independent living unit, an apartment or Your home;  
or
- l) Any other facility or entity not licensed as a nursing home in Your state of residence.

### **What are Nursing Care Services?**

Those services which are performed under orders of a Physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

### **What is an Assisted Living Facility?**

A place which is a separate facility or distinct part of a health care facility, which is licensed by the state, is operated pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that includes three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide services and care;
- d) Has formal arrangements with a Physician or nurse to furnish medical care in emergencies; and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, a personal care facility or an adult foster home.

An Assisted Living Facility does NOT include the following places or facilities:

- a) Your home;
- b) A Hospital;
- c) A Nursing Home;
- d) A continuing care retirement community, an independent living unit, or an apartment;
- e) A place primarily providing care and treatment for alcoholism or substance abuse;
- f) A place primarily providing care and treatment of mental disease or mental disorders; or
- g) A community living center or a place that primarily provides domiciliary, custodial, retirement or educational care.

### **What is a Hospice Care Facility?**

A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

### **What is Hospice Care?**

A program of care for the Terminally Ill and their families that includes medical, palliative, psychological, spiritual or supportive care and treatment, provided in a Hospice Care Facility.

You are considered to be Terminally Ill when:

- a) Your Physician and the hospice medical director certify that You are Terminally Ill and have a life expectancy of six (6) months or less if Your illness runs its normal course; and
- b) You receive care from a Medicare approved Hospice Care program.

## **ADDITIONAL FACILITY CARE BENEFITS**

### **ROOM RESERVATION**

When You are determined to be eligible for benefits, We will pay You the Eligible Charges You incur, up to Your Daily Amount, to reserve Your room when You are admitted as an inpatient to a Hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

Room Reservation benefits are payable to You following Your discharge from the Hospital and Your return to the Nursing Home, Assisted Living Facility or Hospice Care Facility where You resided immediately prior to Your admission to the Hospital.

We will pay Room Reservation benefits to You for up to fifteen (15) days in any twelve (12) month period. Days for which We pay Room Reservation benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

#### **What is a Hospital?**

A medical facility which:

- a) Is legally licensed and operated as an acute care hospital;
- b) Is accredited as a hospital by the Joint Commission on Accreditation of Healthcare Organizations;
- c) Provides inpatient care of injured and sick people;
- d) Is supervised by a Physician;
- e) Provides 24-hour-a-day nursing services supervised by or under a registered professional nurse (RN);
- f) Provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities; and
- g) Maintains permanent medical history records.

A Hospital is not a bed, unit, or facility that functions as a:

- a) Skilled nursing facility;
- b) Residential or personal care facility;
- c) Adult foster home;
- d) Nursing Home or nursing facility;
- e) Assisted Living Facility;
- f) Extended care or long term care facility;
- g) Rehabilitation center;
- h) Ambulatory surgical center or other outpatient facility;
- i) Place primarily providing care and treatment for alcoholism or substance abuse; or
- j) Facility for the care and treatment of mental disease or mental disorders.

### **ALTERNATE CARE**

We may agree to pay benefits to You for stays in facilities that are not specifically covered by this Policy. When You are determined to be eligible for benefits, Alternate Care benefits may be paid to You when:

- a) All facilities that are covered by this Policy are unavailable to You within a radius of fifty (50) miles from Your home; and
- b) Your stay in a non-covered facility is a cost effective alternative that is appropriate for Your needs; and
- c) We approve the payment of Alternate Care benefits to You.

We reserve the right to review the appropriateness of paying Alternate Care benefits to You at any time. Days for which We pay Alternate Care benefits to You are subject to Your Waiting Period and will count toward Your Maximum Benefit Period.

## **ADDITIONAL POLICY BENEFITS**

### **RESTORATION OF YOUR MAXIMUM BENEFIT PERIOD**

This benefit allows You to restore Your Maximum Benefit Period, as shown on Your Policy Schedule (Page 3), by the number of days benefits were paid to You.

We will restore the days benefits were paid to You under this Policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- c) If You are cognitively impaired You did not require or receive the assistance or supervision of another person.

The number of days benefits were paid to You will be restored each time You meet the requirements above, until the total number of days restored are equal to Your Maximum Benefit Period (effectively allowing You to double Your Maximum Benefit Period).

We reserve the right, at Our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify You met the requirements above.

## **ADDITIONAL DEFINITIONS**

### **IMMEDIATE FAMILY**

Means a person who is related to You by blood, marriage or adoption, including, but not limited to, Your spouse, mother, father, mother-in-law, father-in-law, son, son-in-law, daughter, daughter-in-law, niece, nephew, aunt, uncle, or grandchild.

### **MAXIMUM BENEFIT PERIOD**

The total number of days for which We will pay Facility Care Benefits under this Policy.

Your Maximum Benefit Period is shown on Your Policy Schedule (Page 3).

NOTE: Your Maximum Benefit Period will be reduced by one day for each day We pay You Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision of this Policy (Page 10).

### **MEDICARE**

The federal program for health care reimbursement established under Title XVIII of The Social Security Act, as amended.

### **PHYSICIAN**

A person other than You or a member of Your Immediate Family who:

- a) Is a doctor of medicine or osteopathy who is duly licensed by the state to practice medicine or osteopathy; and
- b) Provides services within the scope of his or her licenses.

### **WAITING PERIOD**

The number of days of a stay in a Nursing Home or Assisted Living Facility before benefits are payable to You. You need to satisfy Your Waiting Period only once during Your lifetime.

Your Waiting Period is shown on Your Policy Schedule (Page 3).



## LIMITATIONS AND EXCLUSIONS

This Policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to You;
- e) Caused by a self-inflicted injury or attempted suicide, whether You are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which You are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to You by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- i) For services and supplies not included in Your Plan of Care;
- j) For services provided to You by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

No claim for benefits will be denied for any covered loss that begins after the first six (6) months following the Effective Date of this Policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within a period of six (6) months prior to the Effective Date of this Policy.

## **CLAIMS PROCESS AND PROCEDURES**

The following provisions explain what is required for You to file a claim for benefits under this Policy and what We must do when You file a claim for benefits with Us. We also provide You with a process in which to appeal Our decision should You disagree with Our decision about Your claim for benefits.

If You have any questions about Our claims process and procedures please call our Benefit Specialty Unit, toll free, at {1-800-352-5130}.

### **NOTICE OF CLAIM**

Written notice of claim must be given to Us within twenty (20) days after a covered loss begins or as soon as reasonably possible. No special form is required. The notice can be given to Us at Our home office or to an authorized agent. The notice should include Your name and Your policy number.

### **PROOF OF LOSS FORMS**

When We receive Notice of Claim, We will send You Proof of Loss forms (claim forms). If these forms are not given to You within 15 days, You can meet this requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

### **PROOF OF LOSS**

Written Proof of Loss must be given to Us within 90 days after We send You the Proof of Loss forms. If it was not reasonably possible for You to complete the forms in the time required, We will not reduce or deny Your claim for this reason if the Proof of Loss forms are filed with Us as soon as possible, but no later than one (1) year from the time specified, unless You were legally incapacitated.

### **HOW CLAIMS ARE EVALUATED**

When We receive Your Notice of Claim, We will collect all the information and documentation We need to determine if You meet the Eligibility for Payment of Benefits requirements (Page 4). This will include information We receive directly from You during Our claim intake interview, and may include information from any other person acting on Your behalf. This will also include the Benefit Eligibility Documentation required to verify Your eligibility for benefits (Page 5).

To assist Us in evaluating Your claim We may also need to contact Your Physician or other care provider(s) and review Your medical records and/or Your care records. This will be done with Your written authorization.

Based on Our evaluation of the submitted information and documentation, We will determine Your eligibility for benefits. We will not pay benefits to You until We determine You are eligible for the payment of benefits.

### **WRITTEN NOTIFICATION**

We will notify You in writing whether or not You are eligible for the payment of benefits within ten (10) days after We receive all required information and documentation.

## **CLAIMS PROCESS AND PROCEDURES (continued)**

### **PLAN OF CARE**

When You are determined to be eligible for benefits, We will arrange for a Plan of Care to be developed by You and a Care Planner designated by Us (Page 6). Benefits are payable for covered services provided to You in keeping with Your Plan of Care.

### **TIMELY PAYMENT OF CLAIMS**

We will pay benefits under this Policy promptly after We receive written Proof of Loss and determine You are eligible for the payment of benefits.

### **PAYMENT OF CLAIMS**

We will pay all benefits to You. Any benefits unpaid at Your death will be paid to Your surviving spouse, if any, or to Your estate.

### **UNPAID PREMIUM**

When a claim is paid, any premium due and unpaid may be deducted from the claim payment, including premiums due and unpaid during the Grace Period.

### **RIGHT OF RECOVERY**

If We pay any benefits in excess of the correct amount payable to You under any provision of this Policy, We reserve the right to collect any excess amount from You, or Your estate, under any legal means available.

### **EXAMINATIONS AND PERIODIC RE-ASSESSMENTS**

We, at Our expense, reserve the right to have You examined and re-assessed to determine Your continued eligibility for the payment of benefits when and as often as reasonably necessary throughout the duration of a claim.

### **CLAIM APPEAL PROCESS AND REVIEW**

If You believe that Our decision on Your claim for benefits is in error, You may appeal Our decision and We will reconsider Your claim. Send Us a written request (no special form is required) explaining why, under the provisions of this Policy, You believe We should change Our decision.

Your written request must be submitted within sixty (60) days of Your receipt of the Explanation of Benefits (EOB) of Your claim. You may authorize someone else to act for You in this process. Your written request should include Your name, the Policy number, the names, addresses and phone numbers of any persons or organizations You believe We should contact to learn more about the claim under reconsideration, and any supporting documentation or records.

Once We have completed Our review, We will notify You in writing of Our decision. This notification will be sent to You no later than thirty (30) days after receipt of Your written request for appeal. We will pay any benefits to You that may then be due as a result of Our reconsideration. Should We require longer than thirty (30) days to make Our decision, We will notify You in writing of the reasons for the delay. In any event, the delay will be no longer than an additional forty-five (45) days.

Our final decision on Your appeal does not prevent You from taking further legal action.

## IMPORTANT CONTRACT PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Policy, with its endorsements and any attached papers, is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

### TIME LIMIT ON CERTAIN DEFENSES

No statements, except fraudulent misstatements in Your application for this Policy, shall be used to void this Policy or to deny a claim for loss incurred after two (2) years from the Effective Date of this Policy. A copy of Your application is attached.

### GRACE PERIOD

This Policy has a thirty-one (31) day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the Grace Period this Policy will stay in force.

### ALTERNATE PAYOR

An Alternate Payor is a person selected by You to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your Alternate Payor is shown in the Policy Schedule. This Policy contains a thirty-one (31) day Grace Period plus a fifteen (15) day Conservation Period for the payment of renewal premiums.

### CONSERVATION PERIOD

You have an additional fifteen (15) days beyond the Grace Period to pay Your premium. During this fifteen (15) day extension, this Policy is not in force unless Your premium is paid within this period. This Policy will then be renewed with no lapse in coverage.

### POLICY TERMINATION

This Policy will terminate and coverage will end on the earliest of:

- a) The date this Policy lapses for non-payment of premium following the Grace Period; or
- b) The date of Your death.

Termination of this Policy for non-payment of premium is subject to the Extension of Benefits provision.

### REINSTATEMENT

If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the forty-fifth (45th) day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.

The reinstated Policy will only cover a loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the

reinstated Policy. Any premium accepted with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

### **EXTENSION OF BENEFITS**

Should this Policy lapse for nonpayment of premium, a covered Facility Care confinement that began while this Policy was in force will continue to be covered until the date that is the earlier of:

- a) The date You are discharged from the Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) The date You no longer meet the requirements for Eligibility for Payment of Benefits (Page 4); or
- c) The date You reach Your Maximum Benefit Period.

Extension of Benefits is subject to all other applicable provisions of this Policy.

### **REFUND OF PREMIUM AT DEATH**

We will refund that part of any premium paid for an insured person which covers a period beyond the end of the Policy month of that person's death.

### **LEGAL ACTION**

No legal action may be brought to recover on this Policy within sixty (60) days after written Proof of Loss has been given as required by this Policy. No action may be brought after three (3) years from the time written Proof of Loss is required to be given.

### **OTHER INSURANCE WITH US**

You can be insured under only one Policy in this Policy form series with Us. If, through error, You are insured under any other Policy in this Policy form series, only the one Policy You choose to keep will be effective. We will refund the premiums paid for any insurance which is not effective.

### **MISSTATEMENT OF AGE**

If Your age at the time this Policy was issued to You was misstated, We will pay only such amounts as the premium paid would have purchased at Your correct age. In the event Your age is overstated, We will refund any premium that may be due when We have been notified of this fact. If based on Your correct age We would not have issued this Policy to You, Our liability will be limited to the refund of any premium paid, subject to any benefits paid.

### **CONFORMITY WITH STATE LAWS**

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state where You reside on that date is amended to conform to the minimum requirements of those laws.

# Equitable Life & Casualty Insurance Company

3 Triad Center, Salt Lake City, Utah 84180

Application - Short Stay Nursing Home, Assisted Living & Home Care Policy

- ☐ New Business  
☐ Coverage Change

## Part I — Personal Information

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other \_\_\_\_\_

Last Name

First Name

MI

Birthdate (mm/dd/yyyy) Social Security Number Age: Height Weight Gender

Birthdate (mm/dd/yyyy) Social Security Number Age: Height Weight Gender

Street Address

Joint Discount:

☐ Yes ☐ No

City

State

Zip

Policyowner Discount Name

Daytime Phone: ( ) - -

{Association Discount} ☐ Yes ☐ No

Evening Phone: ( ) - -

{Association Name}

Best Time to Call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Will this Policy replace an existing Accident and Health insurance policy? ☐ Yes ☐ No (If yes, complete a replacement notice)

## PRIMARY CARE PHYSICIAN

Dr. Name (Last)

First

MI

Street Address

City

State

Zip

## Part II — Benefits Selection

☐ Comprehensive Policy

☐ Facility Only Policy

Daily Amount

Benefit Period

Waiting Period

\$ ({\$50 up to \$500} in {\$10} increments)

{ } 100 days { } 250 days  
{ } 150 days { } 300 days  
{ } 200 days { } 350 days

{ } 0 Day { } 30 Days  
{ } 15 Days { } 100 Days

## Optional Benefits

Simple Inflation Protection Benefits Endorsement: Increase Amount: { } 3% { } 5% ☐ None

## Part III — Alternate Payor

I understand that an Alternate Payor is a person other than myself who will receive notice of lapse or termination of my insurance policy for nonpayment of premium. My Alternate Payor will not be notified until thirty (30) days after a premium is due and unpaid.

Alternate Payor – (First Name - MI - Last Name)

Address

City

State

Zip



Agent Supplement

	Yes	No
1. The respondent is a resident of the United States.		
2. The respondent is at least 18 years old.		
3. The respondent is not currently in the military.		
4. The respondent is not currently a student at a U.S. college or university.		
5. The respondent is not currently employed by a U.S. government agency.		
6. The respondent is not currently employed by a U.S. company that is a subsidiary of a foreign government.		
7. The respondent is not currently employed by a U.S. company that is a subsidiary of a foreign company.		
8. The respondent is not currently employed by a U.S. company that is a subsidiary of a foreign company that is a subsidiary of a foreign government.		
9. The respondent is not currently employed by a U.S. company that is a subsidiary of a foreign company that is a subsidiary of a foreign company that is a subsidiary of a foreign government.		
10. The respondent is not currently employed by a U.S. company that is a subsidiary of a foreign company that is a subsidiary of a foreign company that is a subsidiary of a foreign company that is a subsidiary of a foreign government.		

**All questions must be completed.**

1. Did you personally interview the applicant?
  2. State the name and relationship of any other person present when this application was taken.  
Name \_\_\_\_\_ Relationship \_\_\_\_\_
  3. Did you review the application for correctness and any omissions?
  4. Did the applicant review the application for correctness and any omissions?

Agent #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent #1 Name (please print)

Agent #

Split %

Agent #2 Name (please print)

Agent #

Split %

A-792 AR

Page 3



## Outline of Coverage

Equitable Life & Casualty Insurance Company  
{3 Triad Center, Salt Lake City, UT 84180  
1-800-352-5150}

### OUTLINE OF COVERAGE LIMITED BENEFIT HEALTH COVERAGE SHORT TERM NURSING HOME, ASSISTED LIVING FACILITY and HOME CARE BENEFITS Policy Form 792 { }

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the company. **THIS IS NOT A LONG TERM CARE INSURANCE POLICY.**

#### (1) PLEASE READ YOUR POLICY CAREFULLY:

This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**(2) LIMITED BENEFIT HEALTH COVERAGE:** Limited Benefit Health Coverage is designed to provide, to persons insured, limited or supplemental coverage. The policy benefits are outlined in Section 3 below; the benefits described in Section 3 may be limited by the limitations contained in Section 8.

#### (3) BENEFITS PROVIDED UNDER THE POLICY:

**Note: You have the option to select a policy that provides for Facility Care Benefits only (Form 792 FC).** If you select such a policy, any reference herein to Home Care Benefits are not applicable. Your application will show if you selected Facility Care Benefits only.

**FACILITY CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day of your stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit up to the Maximum Benefit Period. Payment of benefits is subject to the Waiting Period and to all provisions of the policy. The Waiting Period will not apply to a stay in a Hospice Care Facility.

**ROOM RESERVATION:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, to reserve your room when you are admitted as an inpatient to a hospital during a covered stay in a Nursing Home, Assisted Living Facility or Hospice Care Facility.

We will pay this benefit for up to fifteen (15) days in any twelve (12) month period. Days for which we pay this benefit are subject to the Waiting Period and count toward the Maximum Benefit Period.

**ALTERNATE CARE:** We may agree to pay benefits for stays in facilities not covered in the policy. When you are eligible for benefits, these benefits may be paid when:

- a) All facilities that are covered in the policy are unavailable to you within a fifty (50) mile radius of your Home;
- b) They are a cost effective option appropriate for your needs; and
- c) We approve the payment of this benefit to you.

Days for which we pay this benefit are subject to your Waiting Period and count toward the Maximum Benefit Period.

**HOME CARE BENEFITS:** When you are eligible for benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day you receive at least one (1) hour of Home Care Services in your Home from a Home Care Provider.

We will pay this benefit up to the Maximum Benefit Period. Payment of this benefit is subject to the Waiting Period and all provisions of the policy.

## Outline of Coverage

**RESPIRE CARE:** When you are eligible for Home Care Benefits, we will pay you the Eligible Charges you incur, up to your Daily Amount, for each day that Nursing Care Services or Home Care Services are provided to you when an informal, unpaid caregiver is temporarily relieved from providing those services to you.

We will pay this benefit up to a lifetime maximum of ten (10) days. Days for which we pay this benefit will count toward the Maximum Benefit Period but will not be subject to the Waiting Period.

**RESTORATION OF MAXIMUM BENEFIT PERIOD:** We will restore the days benefits were paid to you under the policy following a period of one hundred eighty (180) consecutive days, during all of which:

- a) You were not confined to a Nursing Home, Assisted Living Facility or Hospice Care Facility;
- b) You did not receive a Home Care Service;
- c) You were able to perform five (5) or more Activities of Daily Living (ADLs) without the Hands-On Assistance of another person; and
- d) If you are cognitively impaired you did not require or receive the assistance or supervision of another person.

We reserve the right, at our expense, to perform an interview or Assessment, require a physical examination, or order medical records to verify you met the requirements above.

**POLICY BENEFIT AMOUNTS:** The daily amounts, maximum benefit periods and waiting periods available with the policy are as follows:

Daily Amounts – {\$50 to \$500} in \${10} increments.

Maximum Benefit Periods – {100}{,} {150}{,} {200}{,} {250}{,} {300} {or} {350} days.

Waiting Periods – {0}{,} {15}{,} {30} {or} {100} days.

**(4) OPTIONAL BENEFIT BY ENDORSEMENT:** The following optional benefit is available for an additional premium. This benefit, if purchased, will be added as an endorsement to the policy:

Simple Inflation Protection: Your original Daily Amount will increase by either 3% or 5% each year on your policy anniversary date, as selected by you on your application. Your premium will not increase with the increase in your Daily Amount, subject to our limited right to increase premiums.

**(5) ELIGIBILITY FOR BENEFITS:** Benefits under the policy are to be paid only when you are determined to be eligible for benefits.

You are eligible for benefits under the policy when we receive Eligibility Documentation which establishes that:

- a) You cannot perform, without the Hands-On Assistance of another person, two (2) or more of the Activities of Daily Living (ADLs); or
- b) You have a Cognitive Impairment.

In addition, benefits will be payable to you only when:

- a) Your eligibility for benefits begins while the policy is in force; and
- b) The services you receive are in keeping with your Plan of Care.

**(6) ELIGIBILITY DOCUMENTATION:**  
**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:** If the Nursing Home in which you reside is a Medicare or Medicaid certified Nursing Home, or is required by state law to use the Comprehensive MDS Assessment, we must be provided with a completed Comprehensive MDS Assessment verifying your eligibility for benefits under the policy. A Comprehensive MDS Assessment will be completed by the Nursing Home staff within the initial fourteen (14) days of your stay.

**ASSESSMENT:** We must be provided with a written Assessment performed by an Assessment Provider that verifies your eligibility for benefits:

- a) If the Nursing Home in which you reside is not a Medicare or Medicaid certified Nursing Home and is not required by state law to use the Comprehensive MDS Assessment; or
- b) If you reside in an Assisted Living Facility or Hospice Care Facility; or
- c) If you require the need for Home Care Services.

We will pay all costs associated with the performance of an Assessment.

**PLAN OF CARE:** When you are eligible for Facility Care Benefits or Home Care Benefits, a Plan of Care will be developed by you and a Care Planner. A Plan of Care is not required for a stay in a Hospice Care Facility.

Your Plan of Care can be modified by you and the Care Planner as required to reflect changes in your functional or cognitive abilities and your care service needs.

We will pay all costs associated with the development of your Plan of Care and any changes to your Plan of Care.

### (7) IMPORTANT DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING (ADLs):

- a) Bathing – Your ability to wash yourself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower. It does not include only washing your hair or back.
- b) Continence – Your ability to maintain control of bowel and bladder function; or when you are unable to maintain control of bowel or bladder function, your ability to perform associated personal hygiene, including caring for a catheter or a colostomy bag.
- c) Dressing – Your ability to put on and take off all items of clothing, including undergarments, and any necessary braces, fasteners or artificial limbs. It does not include putting on or taking off shoes and socks.
- d) Eating – Your ability to feed yourself by getting food into your body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously. It does not include meal preparation or setup.

- e) Toileting – Your ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
- f) Transferring – Your ability to move into or out of a bed, a chair or a wheelchair. It does not include the task of getting into or out of a tub or shower.

**ASSESSMENT:** A comprehensive, written evaluation that includes generally accepted tests and instruments that use objective measures and produce verifiable results that will determine if you are eligible for benefits.

**ASSESSMENT PROVIDER:** An agency, entity or a person designated and approved by us to perform an Assessment. A person assigned to perform an Assessment will be a licensed health care practitioner.

**ASSISTED LIVING FACILITY:** A place which is a separate facility or distinct part of a health care facility, which is licensed by the state, is operating pursuant to law and meets all the following criteria:

- a) Provides continuous room and board that include three (3) meals a day and accommodation of special dietary needs;
- b) Provides assistance with Activities of Daily Living and social care to ambulatory residents who require protected living arrangements, or coordinated supportive personal and health care services to semi-independent residents;
- c) Has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide the services and care;
- d) Has formal arrangements with a physician or nurse to furnish medical care in emergencies, and
- e) Has appropriate methods and procedures to assist residents in handling and administering medications.

An Assisted Living Facility may be known as a residential care facility, personal care facility or adult foster home.

**CARE PLANNER:** Means a licensed health care practitioner employed or contracted by us and trained to assess physical functional capacity and/or cognitive functional ability and coordinate the overall care needs of physically and/or cognitively impaired individuals.

**COGNITIVE IMPAIRMENT:** The deterioration or loss of your intellectual or mental capacity, as determined by clinical tests and evidence, resulting in your need for the continual assistance or supervision by another person to properly care for yourself, including supervision and assistance that is necessary to protect you from threats to your health or safety or the health and safety of others.

**COMPREHENSIVE MINIMUM DATA SET (MDS) ASSESSMENT:**

A clinical assessment, developed for the U.S. Centers for Medicare & Medicaid Services (CMS), which requires the Full Minimum Data Set (MDS), Resident Assessment Protocols (RAPs) Utilization Guidelines and Care Plan, as defined by CMS, for all residents of Medicare or Medicaid certified Nursing Homes. Comprehensive MDS Assessments include all required MDS items (including State-designated sections), RAPs, and documentation in accordance with the Utilization Guidelines.

**ELIGIBLE CHARGES:** Those expenses for services provided to You in keeping with your Plan of Care and that you are obligated to pay as a resident of a Nursing Home, Assisted Living Facility or Hospice Care Facility; or as a recipient of Home Care Services.

Eligible Charges are limited to your Daily Amount and must be consistent with charges for identical or similar services provided to all persons who receive such services.

Eligible Charges DO NOT include expenses for: physician services; hospital (inpatient or outpatient) services; radiology or laboratory services; prescription or non-prescription drugs; medical supplies; or items and services requested by you for your appearance, comfort, convenience or entertainment.

**HANDS-ON ASSISTANCE:** The continual physical assistance of another person without which you would be unable to perform any two (2) or more of the Activities of Daily Living (ADLs).

**HOME:** The place that you maintain as an independent residence or that a member of your immediate family with whom you live maintains as an independent residence. Your Home is not a hospital, a Nursing Home, Assisted Living Facility, Hospice Care Facility or any other institutional setting.

**HOME CARE PROVIDER:** An organization or agency licensed by your state to provide Home Care Services, and operates under that license according to law; or, if licensing is not required, is an organization, agency or person approved by us to provide Home Care Services to you.

A Home Care Provider cannot be a member of your immediate family and must not have a financial interest or relationship with you or any member of your immediate family, other than an arrangement to provide Home Care Services.

**HOME CARE SERVICES:** Professional and personal care services you receive from a Home Care Provider in your Home, including: nursing care; physical therapy; occupational therapy; speech therapy; and nutritionist services.

Home Care Services also include homemaker services for one or more of the following personal support services provided to you: meal preparation; laundry; light housekeeping; shopping for food, medications or medical supplies; and, transportation to and from appointments.

**HOSPICE CARE FACILITY:** A place which is a separate facility or distinct part of a health care facility, is operated pursuant to law, and provides Hospice Care on an inpatient basis.

**MAXIMUM BENEFIT PERIOD:** The total number of days for which we will pay benefits under the policy. The Maximum Benefit Period will be reduced by one day for each day we pay Facility Care Benefits, subject to the Restoration of Your Maximum Benefit Period provision.

**NURSING CARE SERVICES:** Those services which are performed under orders of a physician for the purpose of meeting either the medical or personal care needs of the person residing in a Nursing Home or Assisted Living Facility, and are performed at the direction and under the supervision of a licensed registered or practical nurse.

**NURSING HOME:** A place which is a separate facility or distinct part of a health care facility which is licensed as a nursing home, is operated pursuant to law, provides continuous accommodations to persons who require daily Nursing Care Services, and maintains records of each patient or resident.



**PLAN OF CARE:** A written individualized plan of services that specifies your care needs, the type, frequency and providers of services appropriate to meet those needs, and the costs, if any, of those services. You choose the providers of the services you receive. Your Plan of Care may contain services which you choose to receive but which are not covered services payable under the policy, including informal care provided by family or friends.

**WAITING PERIOD:** The number of days of a stay in a Nursing Home or Assisted Living Facility, or the number of days in which you receive Home Care Services, required before benefits are payable. You need to satisfy your waiting period only once during your lifetime.

**(8) LIMITATIONS AND EXCLUSIONS:**

Pre-existing Condition Limitation: No benefits are payable for any loss that begins within the first six (6) months after the Effective Date of your policy which is caused by a Pre-Existing Condition. A Pre-Existing Condition is a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within six (6) months prior to the Effective Date of your policy.

The policy does not cover any loss:

- a) Resulting from war or an act of war, whether declared or undeclared;
- b) Occurring outside the territorial limits of the United States or its possessions;
- c) Due to alcohol or drug use, except if caused by the orders of a Physician;
- d) For a stay in a U.S. government facility where there is no charge to you;
- e) Caused by a self-inflicted injury or attempted suicide, whether you are sane or insane;
- f) For any stay in a facility which is not a Nursing Home, Assisted Living Facility or Hospice Care Facility, as defined herein, except as provided under the Alternate Care benefit;
- g) For services which you are not liable or which no charge is normally made in the absence of insurance;
- h) For services provided to you by an individual or organization not employed by or contracted with a Nursing Home, Assisted Living Facility, Hospice Care Facility or Home Care Provider;
- i) For services and supplies not included in your Plan of Care or your Itemized Billing Statement;
- j) For services provided to you by a member of Your Immediate Family; or
- k) For services for mental illness or nervous disorders (other than Alzheimer's disease or similar forms of irreversible dementia).

**(9) GUARANTEED RENEWABILITY OF THE POLICY:**

You have the right to continue your policy as long as you pay your premiums when due.

**(10) PREMIUM:** The total annual premium for your policy, including any endorsement, is shown on the Policy Schedule.

We will not change the premium for your policy during your first year of coverage. Thereafter, we reserve the right to change premium rates for all policies of the same class. We will notify you at least 31 days before any premium change.

**THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. IT IS NOT AN INSURANCE CONTRACT. PLEASE CONSULT THE POLICY TO DETERMINE ALL GOVERNING CONTRACTUAL PROVISIONS, INCLUDING ANY LIMITATIONS OR EXCLUSIONS. PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.**